

County _____

District Health Department No. 2
Application to Construct or Extensively Change a Water Supply

Property Owner _____ Phone No. _____
Mailing Address _____
City _____ State _____ Zip _____
Owners E-mail _____
Well Driller _____
Contact Person _____ Contact No. _____
Owner/Authorized Representative Signature _____

SITE INFORMATION

Site Address _____ City _____
Subdivision _____ Lot _____ Tax ID _____
Land Division Less than 1 Acre Since 1997 yes no Parcel Size _____ x _____
Twp. _____ Section. _____ Town _____ Range _____
Area of Contamination yes no Type _____
Deviation Requested yes no Type _____
Directions to Site _____

WELL CONSTRUCTION

Check all that apply
 New Well
 Replacement Well
 Extensive Change (e.g. Deepening)
 Type III Public Well
 Private Well
 Irrigation Well
 Geothermal Heating/Cooling System
 Other (e.g. industrial) _____
 Plugging of Existing Well
The State Well Construction Code requires that any abandoned well be properly plugged. The existing well(s) will be plugged by the:
 Well Driller Well Owner
 Owner to Keep Existing Well

Proposed date of construction or extensive repair/change ____/____/____

WATER SAMPLING: A safe bacteriological sample is required by State Well Construction Code. A nitrate sample is required by Health Department regulations. The well owner is responsible for sampling and related costs.
Samples will be collected by the: Well Driller Well Owner Other _____

Property owner or their authorized representative shall provide the following site plan information being true to the best of their knowledge.

Applicant shall provide Site Plan with isolation distances provided (in feet) from proposed well location to all the following where applicable:
Septic Tanks Drainfields/Dry Wells Sewer Lines Fuel Tanks Barn/Animal Yards Property Lines
Existing Well(s) Lakes/Ponds Rivers/Streams Ditches Seasonal Low Areas Chemical Storage
Fertilizer Storage Oil/Gas Wells Buildings Driveways Roads/Easements Power Lines
**If proposed well will be less than 50 feet to any property line, provide all contamination sources on the neighboring properties. **

N

Health Department Use Only:
Site Plan Approved by: _____ Date: _____ Permit _____ Attached
Date Received: _____ Fee/Date: _____ Receipt No.: _____