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____________________________________________________________________

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________

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____/____/____

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: __________ Existing Septic/Well ____________________________________ Receipt __________________

THIS WELL APPLICATION SHALL BE VALID UNTIL DECEMBER 31, OF THE YEAR AFTER IT IS SUBMITTED 5.9.19 public.oth.2018 forms