

Non-municipal Community PWS Well Construction Form

This document is not a well log and cannot be substituted for a well log.

Facility Information

 Facility Name

 Facility Owner Name Telephone No.

 Project Contact Name Telephone No.
 (If different from Facility Owner.)

 County

 Facility Street Address, City, ZIP Code

 Mailing Street Address, City, ZIP Code
 (If different from Facility Street Address.)

Well Contractor Information

 Licensee Business Name License No.

 Contact Name Telephone No.

 Certified Rep. Signature Certified Rep. No. Date

Well Information

Well Depth _____

Target Aquifer Unconsolidated Bedrock _____

Drilling Method

Cable Tool Rotary
 Other _____

Hydrofracturing Expected? Yes No

Casing Material

Drive Shoe? Yes No
 Steel Threaded Welded
 Plastic Other _____

Bore Hole Diameter

_____ in. to _____ ft.
 _____ in. to _____ ft.
 _____ in. to _____ ft.

Casing

Diameter	Weight	Specifications
_____ in. to _____ ft.	_____ lb./ft.	
_____ in. to _____ ft.	_____ lb./ft.	
_____ in. to _____ ft.	_____ lb./ft.	

Open Hole From _____ ft. to _____ ft.

Screen

Screen _____ Make _____
 Type _____ Diameter _____
 Slot/Gauze _____ Length _____
 Set Between _____ ft. and _____ ft. Fittings _____

Flowing Well Expected? Yes No

Wellhead Completion

Pitless/Adapter: Manufacturer _____
 Model _____
 Casing Protection _____
 12 in. Above Grade 18 in. Above Grade Well House

Grout Information

Material _____ From _____ to _____ ft.
 Material _____ From _____ to _____ ft.
 Material _____ From _____ to _____ ft.
 Driven Casing Seal

Pump

Type: Submersible L.S. Turbine Jet
 VFD Hand Pump Other _____
 Manufacturer's Name _____
 Model Number _____ HP _____ Volts _____
 Length of Drop Pipe _____ ft. Capacity _____ g.p.m.

Well Location Sketch Map

Provide sketch of well location, showing property lines, roads, buildings, and direction. Include potential sources of contamination within 200 feet of the well, and identify the distance to the nearest potential source. Also include

Additional Remarks

Construction Alternatives

If multiple construction alternatives (methods or locations) are being considered, submit a copy of this form for each alternative. Indicate the Minnesota Unique Well Number on each form and submit all forms together.

**Well Management Section ▪ 651-201-4600 or 800-383-9808 ▪ health.wells@state.mn.us ▪ www.health.state.mn.us/wells
Drinking Water Protection ▪ 651-201-4700 ▪ health.drinkingwater@state.mn.us ▪ www.health.state.mn.us/drinkingwater
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