MINNESOTA DEPARTMENT OF HEALTH

WELL AND BORING SEALING RECORD

Minnesota Statutes, chapter 1031

Minnesota Unique Well No. or W-series No. (Leave blank if not known)

WELL OR BORING LOCATION

County Name

Township Name	Township No.	Range No.	Section No.	Fraction (sm. → lg.) ____¼ ____¼ ____¼

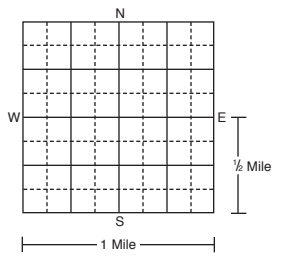
GPS LOCATION – decimal degrees (to four decimal places)

Latitude_____ Longitude_____

Numerical Street Address or Fire Number and City of Well or Boring Location

Show exact location of well or boring in section grid with "X."

Sketch map of well or boring location, showing property lines, roads, and buildings.



For temporary borings, provide additional location information, a site sketch, and geology on a separate page.

PROPERTY OWNER'S NAME/COMPANY NAME

Property owner's mailing address if different than well location address indicated above

WELL OWNER'S NAME/COMPANY NAME

Well owner's mailing address if different than property owner's address indicated above

GEOLOGICAL MATERIAL	COLOR	HARDNESS OR FORMATION	FROM	TO
If not known, indicate estimated formation log from nearby well or boring.				

REMARKS, SOURCE OF DATA, DIFFICULTIES IN SEALING

Date Sealed

Date Well or Boring Constructed

Depth at Time of Sealing_____ft.

Original Depth_____ft.

AQUIFER(S)
○ Single Aquifer ○ Multiaquifer

WELL/BORING
○ Water-Supply Well ○ Env. Well
○ Temp. Boring ○ Other_____

STATIC WATER LEVEL
○ Measured Date Measured_____ ○ Estimated
_____ft. ○ below ○ above land surface

CASING TYPE(S)
☐ Steel ☐ Plastic ☐ Tile ☐ Other_____

WELLHEAD COMPLETION
Outside: ☐ Pitless Adapter/Unit ☐ At Grade ☐ Well Pit ☐ Buried ☐ Other_____
Inside: ☐ Basement Offset ☐ Well House ☐ Well Pit ☐ Buried ☐ Other_____

CASING(S)

Diameter	Depth	Set in oversize hole?		Annular space initially grouted?		
_____ in. from	to_____ ft.	○ Yes	○ No	○ Yes	○ No	○ Unknown
_____ in. from	to_____ ft.	○ Yes	○ No	○ Yes	○ No	○ Unknown
_____ in. from	to_____ ft.	○ Yes	○ No	○ Yes	○ No	○ Unknown

SCREEN/OPEN HOLE
Screen from_____ to_____ft. Open Hole from_____ to_____ft.

OBSTRUCTIONS
☐ Rods/Drop Pipe ☐ Check Valve(s) ☐ Debris ☐ Fill ☐ No Obstruction
Type of Obstructions (Describe)_____
Obstructions removed? ○ Yes ○ No Describe_____

PUMP
○ Not Present ○ Present, Removed Prior to Sealing ○ Other_____
Type_____

METHOD USED TO SEAL ANNULAR SPACE BETWEEN 2 CASINGS, OR CASING AND BORE HOLE
☐ No Annular Space Exists ☐ Annular Space Grouted with Tremie Pipe ☐ Casing Perforation/Removal
Casing Diameter
_____ in. from_____ to_____ ft. ○ Perforated ○ Removed
_____ in. from_____ to_____ ft. ○ Perforated ○ Removed
Type of Perforator_____

VARIANCE
Was a variance granted from the MDH for this well? ○ Yes ○ No TN#_____

GROUTING MATERIAL(S)
Grouting Material_____ from_____ to_____ ft._____ yards_____ bags
_____ from_____ to_____ ft._____ yards_____ bags
_____ from_____ to_____ ft._____ yards_____ bags

OTHER WELLS AND BORINGS
Other unsealed and unused well or boring on property? ○ Yes ○ No How many?_____

LICENSED OR REGISTERED CONTRACTOR CERTIFICATION
This well or boring was sealed in accordance with Minnesota Rules, Chapter 4725. The information contained in this report is true to the best of my knowledge.

Licensee Business Name *License or Registration No.*

Certified Representative Signature *Certified Rep. No.* *Date*

Name of Person Sealing Well or Boring