

**NOTIFICATION OF WELL SEALING**  
**Winona County Planning & Environmental Services Department**  
 225 West Second Street  
 Winona MN 55987  
 Phone (507) 457-6520 Fax (507) 457-6465

• Property Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

• Well Owner's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_ Phone \_\_\_\_\_

• Well Contractor's Name \_\_\_\_\_ License # \_\_\_\_\_

Contact \_\_\_\_\_ Phone \_\_\_\_\_

**Well Location: Attach map of site showing well locations. Complete separate form for wells on different parcels.**

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Parcel # \_\_\_\_\_

MN Unique #	Section	Township #	Range #	1/4	1/4	1/4	Depth

**Sealing Fees:** Check appropriate box. Make checks payable to Winona County Auditor/Treasurer.  
 Fees include State Core Function Surcharge (SCFS).

- Water Well \$75.00/well
- Environmental Well \$75.00/well
- Dewatering Well \$75.00/well
- Temporary Environmental Well \$75.00/site

Authorized Signature \_\_\_\_\_

(Licensed Well Contractor, Property Owner, or Property Owner's Agent)

**Office Use Only**

Date Received _____	
Amount Received _____	Well Notification # WS _____
Receipt # _____	

## **WELL/PROPERTY OWNER AGREEMENT**

If the well owner is not the property owner, Minnesota Statutes, section 103I.205 requires that “A person may not construct a well on the property of another until the owner of the property on which the well is located and the well owner sign a written agreement that identifies which party will be responsible for the repair, obtaining maintenance permits, and for sealing the well. If the property owner refuses to sign the agreement, the well owner may, in lieu of a written agreement, state in writing that the well owner will be responsible for the repair, obtaining maintenance permits, and sealing the well.”

*If a separate document does not exist, the well and property owner may elect to complete the sample agreement below to satisfy the provisions of the Minnesota Statutes, Chapter 103I.*

As owner of the well(s) listed on the front of this application, I agree I will be responsible for the repair, obtaining maintenance permits and for sealing the well(s) in accordance with Minnesota Statutes, section 103I.205 and Minnesota Rules, Chapter 4725.

### **Well Owner Information**

Well Owner Name \_\_\_\_\_

Well Owner Mailing Address \_\_\_\_\_  
Numerical Street Address or Post Office Box

\_\_\_\_\_

City

State

Zip Code

Signature of Well Owner or Agent \_\_\_\_\_

As the owner of the real property described on the front of this form, I give the well owner permission to install a well(s) on my property.

### **Property Owner Information**

Name of Property Owner or Agent (Please Print) \_\_\_\_\_

Property Owner Mailing Address \_\_\_\_\_  
Numerical Street Address or Post Office Box

\_\_\_\_\_

City

State

Zip Code

Signature of Property Owner or Agent \_\_\_\_\_