

# Well Inventory Form

Please fill out the form the best you can. The red asterisk \* means that a question needs to be answered and if it not filled out, your well will not be put into the Minnesota Department of Health's database. Call 651-560-2045 or email [Katelyn.abts@mn.nacdn.net](mailto:Katelyn.abts@mn.nacdn.net) with questions. Mail this form to the Wabasha SWCD office, 611 Broadway Ave #10B at Wabasha, MN 55981 or email to the address above.

\*Name (First and Last)

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\*Phone Number

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\*Address where well is located at

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If your well is shared, what other addresses share it?

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Depth and Age of Well (Can be estimate)

Drilling Company

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Well Ownership

Type of Well

Well Use

Well Location

☐ Private

☐ Grouted

☐ Drinking Water

☐ Outside

☐ Shared

☐ Cased Only

☐ Livestock

☐ Basement

☐ Community

☐ Sandpoint

☐ Irrigation

☐ Pumphouse

☐ Unknown

☐ Dug

☐ Other...

☐ Pit

☐ Non-well

☐ Other

☐ Unknown

\*Coordinates of Well – Can be taken using Google Maps app on cell phone.

Hold finger down on screen to set pin and coordinates will pop up.

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