

DAKOTA COUNTY WATER RESOURCES DEPARTMENT

14955 Galaxie Avenue, Apple Valley, MN 55124

(952) 891-7000 Fax (952) 891-7588

APPLICATION FOR *PRODUCT RECOVERY WELL* CONSTRUCTION PERMIT

Unique Well No.

Please print or type. Include appropriate fee. Make checks payable to Dakota County Property Taxation & Records. **Please provide all information; incomplete applications may be returned.**

APPLICANT _____
License No. _____ Fax _____ Phone _____
Consultant _____ Phone _____

WELL SITE ADDRESS _____
Township/Municipality _____
Property Identification Number (PIN) _____
(PIN Numbers are available from Dakota County Tax Info 651-438-4576.)
PLS _____ ¼ _____ ¼ _____ ¼ (smallest to largest) of Section _____ T _____ N. R _____ W.

PROPERTY OWNER _____ Phone _____
Street address _____
City _____ State _____ Zip _____

WELL OWNER (if different) _____ Phone _____
Street address _____
City _____ State _____ Zip _____

Number of other wells on the property
_____ **IN USE** _____ **SEALED** _____ **NOT IN USE and NOT SEALED**

FOR COUNTY USE ONLY

Permit No. _____

Reviewer _____

Fee Received _____

Date Received _____

Approval date _____

Comments: _____

Inspection _____

Violation _____

Aquifer _____

Review Completed _____

Anticipated Geologic Formations _____ to _____ ft
_____ to _____ ft
_____ to _____ ft
_____ to _____ ft
Static Water Level _____ ft

PROPOSED CONSTRUCTION DETAILS Capacity of pump (gpm): _____ Annual Volume: _____
Hole Diameter _____ in. to _____ ft
Casing Type/Diameter/Length _____ in. to _____ ft
Grout Type and Interval _____ from _____ to _____ ft
_____ from _____ to _____ ft
_____ from _____ to _____ ft
_____ from _____ to _____ ft
Joints: Threaded & Coupled Welded Other _____
Method of drilling _____ Screen Length _____ ft

Source of geologic formation information:

Submit with this application a detailed well construction diagram.
 Check if **At Grade**: If at grade, also submit an explanation of why the well casing cannot terminate 12" above grade, a scaled map with the proposed well location referenced to a permanent landmark or property boundaries, and a cross-sectional diagram of the well cap and vault or manhole.
Is a variance required? Yes No (All variance requests must first be approved by the Minnesota Department of Health)

Charge Applicant's credit card ending in _____ for the amount of \$ _____, Signature _____

DECLARATION

I declare that the above information is correct and that all materials, design, equipment, construction methods, workmanship, well records and notifications will be in accordance with Dakota County Ordinance No. 114, "Well and Water Supply Management". The permit applicant and property owner agree to defend and save Dakota County harmless from any claims, demands, actions, or causes of action arising out of any acts or omission on the part of the permit applicant, or his agents, servants or employees in the performance of or with relation to any of the work or services provided or to be performed or furnished by the permit applicant under the terms of this application. A written agreement is required (MN Stat. 1031.205 sub 8) if well owner is different from property owner. **I understand that I must apply for and obtain an annual registered use permit within fourteen months from the date that the well is completed. I also understand that I must annually apply for and obtain a new registered use permit within twelve months from the date that the previous registered use permit expires. I also understand that it is the property owners responsibility to obtain the permit or the well owners responsibility if specified in a written agreement.**

The person responsible for well maintenance and sealing fees will be:
(Print) _____ (Signature) _____ Date _____
Property Owner
(Print) _____ (Signature) _____ Date _____
Applicant
(Print) _____ (Signature) _____ Date _____

Notify Dakota County Water Resources Department at 952-891-7000 24 hours prior to beginning well construction activities.