

DAKOTA COUNTY WATER RESOURCES DEPARTMENT 14955 Galaxie Avenue, Apple Valley, MN 55124 (952) 891-7000 Fax (952) 891-7588 APPLICATION FOR <i>WELL RECONSTRUCTION</i> 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 _____ 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 _____ Current Well Use: _____	FOR COUNTY USE ONLY Permit No. _____ Reviewer _____ Fee Received _____ Date Received _____ Approval date _____ Comments: _____ Inspection _____ Violation _____ Aquifer _____ Review Completed _____
Please submit the original Minnesota Department of Health Well Log with the application. If a Well Log does not exist, please sketch and attach a diagram of the well's construction and a geologic log.	
Number of <u>other</u> wells on the property _____ IN USE _____ SEALED _____ NOT IN USE and NOT SEALED	
Please describe the proposed reconstruction: _____ _____ _____ _____	
<input type="checkbox"/> Submit a Written Agreement if Property owner is different from Well Owner (required by MN Stat. 1031.205 sub 8).	
<input type="checkbox"/> 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.	
Property Owner, Property Owner's Agent or Licensed Well Contractor (Signature) _____ (Print) _____ Date _____	
Notify Dakota County Water Resources Department at 952-891-7000 24 hours prior to beginning well construction activities.	