

Water Supply Well Construction Permit Application



Environmental Resources Department
14955 Galaxie Avenue, Apple Valley, MN 55124
Telephone: 952-891-7000 Fax: 952-891-7588
Email: wellpermits@co.dakota.mn.us

Unique Well No: _____

- One application per well. Print or type the requested information. Incomplete applications cannot be processed.
- Submit via DocuSign, mail, email, or fax this completed application with all required signatures.
- Attach or send a site sketch with this application. Include locations of all wells and indicate the direction of North.
- Notify Dakota County at 952-891-7000 or via www.co.dakota.mn.us/Permits/WellPermits/wellnotifications on the workday preceding the start of well sealing activities.

Well Location

Street Address: _____ City or Township: _____

If no address: Twp (N): _____ Rng (W): _____ Section: _____ Quarter Section(s): _____

Number of other wells on the property: In use _____ Sealed _____ Not in Use and Not Sealed _____

Remarks: _____

Property Owner

Name: _____ Telephone: _____

Address, City, State, ZIP (if different than well):

Well Owner (Complete if different from property owner)

Well Owner's Name: _____ Telephone: _____

Well Owner's Address, City, State, ZIP: _____

If the property owner and well owner are not the same, Minnesota Statutes, section 103I.205, subdivision 8 requires the well owner or well owner's agent to sign accepting responsibility for obtaining all permits or filing notification, paying applicable fees and for sealing the well. As owner of the well(s) listed, I agree I will be responsible for all permits or filing notifications, paying applicable fees and for sealing the well in accordance with Minnesota Statutes, section 103I.205 and Minnesota Rules, chapter 4725.

Well Owner/Agent Name (print):

Well Owner/Agent Signature:

Date:

--	--	--

Property Owner/Agent Name (print):

Property Owner/Agent Signature:

Date:

--	--	--

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.

2/7/2024 To obtain this information in a different format call 952-891-7000

Proposed Construction Details

Domestic
 Non-Community
 Heating/Cooling
 Industrial/Commercial
 Irrigation

Will this well connect to 15 or more service connections or 15 more living units? (Y/N) _____

Will this well service 25 or more persons daily? (Y/N) _____

Will this well pump more than 10,000 gallons per day or more than 1,000,000 gallons per year? (Y/N) _____

If yes, is there a DNR appropriations preliminary approval? (Y/N) _____

Joints:
 Threaded & Coupled
 Solvent Welded (glued)
 Welded
 Other: _____

Finished:
 Screen
 Open Hole
 From _____ To _____

Anticipated Geologic Formations:

_____ to _____ ft.
 _____ to _____ ft.
 _____ to _____ ft.
 _____ to _____ ft.
 _____ to _____ ft.
 _____ to _____ ft.

Hole Diameter:

_____ in. to _____ ft.
 _____ in. to _____ ft.
 _____ in. to _____ ft.

Casing Type/Diameter/Length:

_____ in. to _____ ft.
 _____ in. to _____ ft.
 _____ in. to _____ ft.

Grout Type and Interval:

_____ From _____ to _____ ft.
 _____ From _____ to _____ ft.
 _____ From _____ to _____ ft.

Source (Unique #): _____

Declaration

I declare that the above information is correct and that all materials, design, equipment, construction methods, workmanship, well records, and notifications comply with Dakota County Ordinance 114. The permit applicant agrees that it is liable for the acts of its employees, or agents in the performance of or with relation to any of the work or services provided or to be performed by the permit applicant under the terms of this application. Liability shall be governed by the Minnesota Tort Claims Act, Minnesota Statutes section 3.76, Minnesota Statutes Chapter 466 and other applicable law. I certify that all the information provided in this notification is true and complete. I understand that submitting false information allows MDH to deny, suspend, revoke, or take other action against our license.

Well Contractor Company Name:

License Number:

--	--

Certified Representative, Owner, or Owner's Agent Signature:

Date:

--	--

The fee schedule is available at:

<https://www.co.dakota.mn.us/Permits/WellPermits/Applications/Documents/WellPermitFees.pdf>

Please indicate payment method:

Credit Card in the amount of \$ _____ (To place a credit card on file, please call 952-891-7575)

Check (Make checks payable to Dakota County Treasurer)

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.

2/7/2024 To obtain this information in a different format call 952-891-7000