Environmental 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 environmental well. Please 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 and attachments. •
- 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 construction activities. Check the following requirements:
 - □ Scaled map with the well location referenced to a permanent landmark or property lines is provided.
 - □ Required detailed well construction diagram of well is provided.
- If the well will be completed at grade, check the following requirements.
 - □ Explanation of why the well casing cannot terminate 12" above grade is provided.
 - □ A cross-sectional diagram of the well cap and vault or manhole is provided.

Well Location

Street Address:			City or Township:	
If no address: Twp (N):	Rng (W):	Section:	Quarter Section(s):	
Property Owner				
Name:			Telephone:	
Property Owner's Billing Ad	dress, City, State	, ZIP:		
Contact Person Name:	Tele	phone:	Email:	

Well Owner (Complete if different from property owner)

Well Owner's Name: ______ Telephone: ______

Well Owner's Billing 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:
	public information under Minnesota Statutor, cha	ator 12

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13. To obtain this information in a different format call 952-891-7000 2/7/2024

Consultant

Consultant Name/Contact Person:	Telephone:	Email:				
Proposed Construction De	etails					
Is bedrock expected to be encountered	If yes, anticipated bedrock depth:					
Total Depth: Casin	g Depth:	Proposed Aquifer:				
Hole Diameter: Casin	g Diameter:	Screen or Open Hol	le Length:	_		
Casing Type: OPlastic F480 OPlastic Flush Threaded (wells less than 50 ft) OSteel OStainless						
Casing Joints: O Threaded	○ Solvent Welded (glue	d) 🔿 Welded	ł			
Proposed Grout Type:						

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)