

APPLICATION FOR PERMANENT WELL SEALING PERMIT

Dakota County Water Resources Department, 14955 Galaxie Avenue, Apple Valley, MN 55124
Phone: (952) 891-7000; Fax (952) 891-7588; Save form then email: wellpermits@co.dakota.mn.us

Sealing Unique Well No. _____

Original Unique Well No. _____

Please print or type. Include appropriate fee. Make checks payable to Dakota County Property Taxation and 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 ___ 1/4 ___ 1/4 ___ 1/4 (smallest to largest) of Sec. ___ Twp. ___ N. Rng ___ 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 _____

Geologic Formation Log Check if Gamma Logged

_____ to _____ ft.	Source of formation log: 
_____ to _____ ft.	
_____ to _____ ft.	
_____ to _____ ft.	
_____ to _____ ft.	
_____ to _____ ft.	

ORIGINAL CONSTRUCTION DETAILS

Source: Estimated Measured Original Well Records

Year Drilled _____ Drilling Method _____ Well Use _____

Depths measured: From grade From _____ ft. Above Below

Casing diameter _____ in. Casing depth _____ ft. Multiple casing/reduction Y N

Total depth _____ ft. Obstructions Y N Open annular space Y N

Screen length _____ ft. Original grout _____

Measured SWL _____ ft. Date SWL measured _____

Describe any contamination in the well that you are aware of:

Casing termination: Well is Above grade At grade Basement offset Well pit

Pump: Present Removed Depth _____ ft. Type _____ Operational Y N

SEALING PROCEDURE Proposed grout Neat Cement Bentonite Other _____

Casing will be Removed Perforated: From _____ to _____

Perforation method _____

- Submit a well site sketch. Show locations of all wells, indicate North.
- Submit a written agreement if property owner is different from well owner (required by MN Stat. 1031.205 sub 8).
- 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 caused 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 applicant under the terms of this application.

Property Owner's Agent or Licensed Well Contractor (Signature) _____ Name _____ Date _____