

**APPLICATION FOR WATER SUPPLY WELL CONSTRUCTION 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

Unique Well No. \_\_\_\_\_

Use:  Domestic  Non Community  Heating/Cooling  Industrial/Commercial  Irrigation

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.

**FOR COUNTY USE ONLY**

Applicant \_\_\_\_\_

Permit No. \_\_\_\_\_

License No. \_\_\_\_\_ Fax \_\_\_\_\_ Phone \_\_\_\_\_

Reviewer \_\_\_\_\_

Well Site Address \_\_\_\_\_

Fee Received \_\_\_\_\_

Township/Municipality \_\_\_\_\_

Date Received \_\_\_\_\_

Property Identification Number (PIN) \_\_\_\_\_ PIN Numbers are available from Dakota County Tax Info 651-438-4576.

Approval date \_\_\_\_\_

Comments: \_\_\_\_\_

PLS \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 \_\_\_\_\_ 1/4 (smallest to largest) of Sec. \_\_\_\_\_ Twp. \_\_\_\_\_ N. Rng. \_\_\_\_\_ W.

Inspection \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone \_\_\_\_\_

Violation \_\_\_\_\_

Street Address \_\_\_\_\_

Aquifer \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Review Completed \_\_\_\_\_

Well Owner (if different) \_\_\_\_\_ Phone \_\_\_\_\_

Number of other wells on the property:

Street Address \_\_\_\_\_

In Use \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Sealed \_\_\_\_\_

Not in Use and Not Sealed \_\_\_\_\_

**Anticipated Geologic Formations**

**PROPOSED CONSTRUCTION DETAILS**

Capacity of pump (gpm) \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ ft.  
\_\_\_\_\_ to \_\_\_\_\_ ft.  
\_\_\_\_\_ to \_\_\_\_\_ ft.  
\_\_\_\_\_ to \_\_\_\_\_ ft.

**Hole Diameter**

**Casing Type/Diameter/Length**

**Grout Type and Interval**

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ in. to \_\_\_\_\_ ft.

\_\_\_\_\_ from \_\_\_\_\_ to \_\_\_\_\_ ft.

Screen  Open Hole from \_\_\_\_\_ to \_\_\_\_\_

Joints:  Threaded & Coupled  Welded  Other \_\_\_\_\_

Static Water Level \_\_\_\_\_ ft.

Source of geologic formation information: \_\_\_\_\_

Yes  No Will this well connect to 15 or more service connections or 15 or more living units?

Yes  No Will this well service 25 or more persons daily?

Yes  No Will this well pump more than 10,000 gallons per day or more than 1,000,000 gallons per year?

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 \_\_\_\_\_