

# Permanent Well Sealing 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](mailto:wellpermits@co.dakota.mn.us)

Sealing Unique Well No: H \_\_\_\_\_

Original 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](http://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 street address, provide: 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 site address):  
\_\_\_\_\_

## 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:

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Property Owner/Agent Name (print):

Property Owner/Agent Signature:

Date:

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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

## Original Construction Details

Source:  Estimated  Measured (from land surface)  Original Records (Well Unique #: \_\_\_\_\_)

Year Drilled: \_\_\_\_\_ Drilling Method: \_\_\_\_\_ Well Use: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Casing Depth: \_\_\_\_\_ Casing Diameter: \_\_\_\_\_ Multiple casing/reduction (Y/N): \_\_\_\_\_

Screen Length: \_\_\_\_\_ Original Grout Type: \_\_\_\_\_ Measured SWL: \_\_\_\_\_ Date SWL Measured: \_\_\_\_\_

Obstructions (Y/N): \_\_\_\_\_ Open annular space (Y/N): \_\_\_\_\_

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

Pump:  Present  Removed  Depth \_\_\_\_\_ (ft) Type \_\_\_\_\_

Anticipated Geologic Formations:  Check if Gamma Logged

\_\_\_\_\_ to \_\_\_\_\_ ft. Source for Geology (Unique #): \_\_\_\_\_

\_\_\_\_\_ to \_\_\_\_\_ ft. Describe any contamination found in well:

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

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

Proposed Grout:  Neat Cement  Bentonite  Other: \_\_\_\_\_

Casing will be:  Left in place  Removed  Perforated (From \_\_\_\_\_ to \_\_\_\_\_ ) Perforation Method: \_\_\_\_\_

## 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:

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

Date:

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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)

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