



Monitoring Well Permit Application
 Minnesota Department of Health, Well Management Section
 P. O. Box 64975
 St. Paul, Minnesota 55164-0975
 (651) 215-0811 or 1-800-383-9808

MDH USE ONLY
Amount Received _____
Date Received _____
Source Codes: Well (4901) Site (4903)
Deposit Number _____
Not Approved _____
Date Approved _____
Site Permit Number _____

Make check or money order payable to the Minnesota Department of Health or supply required credit card information (separate sheet). Mail completed application and fee to the Minnesota Department of Health, Well Management Section, P. O. Box 64975, St. Paul, Minnesota 55164-0975.
 ATTN: Cashier.

CHECK ALL BOXES THAT APPLY

- Motor fuel retail outlet or petroleum bulk storage site or agricultural chemical site.
- Site permit exists. Permit Number _____.
- Well owned by federal, state, or local government.
- All other monitoring wells.
- Reconstruction requiring a permit.

FEE

- \$150/Site
- None
- None
- \$150/Well

\$150/Well (None for site permit or government)

1. A. LEGAL DESCRIPTION OF WELL LOCATION COUNTY _____

Township Name	Township Number	Range Number	Section Number	Smallest Quarter	Quarter	Largest	MN Unique Well Number	Depth	At-grade
	N	W		¼	¼	¼ ¼			
	N	W		¼	¼	¼ ¼			
	N	W		¼	¼	¼ ¼			
	N	W		¼	¼	¼ ¼			
	N	W		¼	¼	¼ ¼			

B. Well Site Address _____
 Numerical Street Address _____ City _____ Zip Code _____

C. Sketch (attach map identifying well location and Minnesota Unique Well Number and include distance from nearest road intersection).

- 2. Check this box for wells constructed through a **CONFINING LAYER** or **INTO BEDROCK**, submit the following information: Well diameter, grout material, drilling method, grouting method, casing materials, cross-sectional diagram of well, and cross-section of anticipated geologic formations.
- 3. Check this box for **AT-GRADE WELLS**, submit the following information: an explanation of why the well casing cannot terminate 12 inches above ground, a map showing the location of the proposed well referenced to a permanent landmark or property boundaries, and cross-sectional diagram of the well cap and vault.

4. Well Contractor Name	Registration or License Number
Contact Person	Telephone Number (including Area Code) ()
5. Consultant Name	Telephone Number (including Area Code) ()
6. Well Owner Name	Contact Person
Well Owner Mailing Address (including City and Zip Code)	Telephone Number (including Area Code) ()
7. Property Owner Name	Contact Person
Property Owner Mailing Address (including City and Zip Code)	Telephone Number (including Area Code) ()

8. Monitoring Well Permit Application for Minnesota Unique Well Number(s) as listed on page 1 of this application.

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9. If the well owner is not the property owner, Minnesota Statutes, section 103I.205 requires that "A person may not construct a monitoring well on the property of another until the owner of the property on which the well is located and the well owner sign a written agreement that identifies which party will be responsible for obtaining maintenance permits and for sealing the monitoring well. If the property owner refuses to sign the agreement, the well owner may, in lieu of a written agreement, state in writing that the well owner will be responsible for obtaining maintenance permits and sealing the well."

As owner of the well(s) listed in 1. A. on page 1 of this application, I agree I will be responsible for obtaining maintenance permits and for sealing the well(s) in accordance with Minnesota Statutes, section 103I.205 and Minnesota Rules, Chapter 4725.

Billing Address for Maintenance Permits

Well Owner Name _____

Well Owner Mailing Address _____

Numerical Street Address or Post Office Box

City

Zip Code

Name of Property Owner or Agent (Please Print) _____

Signature of Property Owner or Agent _____

Name of Well Owner or Agent (Please Print) _____

Signature of Well Owner or Agent _____

I certify that all the information provided in this application is true and complete. I understand that misstatement of facts may result in forfeiture of all rights to licensure/registration as a well contractor/ monitoring well contractor in accordance with Minnesota Statutes, Chapter 103I.

Name of Licensed or Registered Contractor (Please Print) _____

Signature of Licensed or Registered Contractor _____

Date _____

Failure to submit permit application and fee and receive permit approval prior to the beginning of monitoring well construction is a violation of Minnesota Statutes, Chapter 103I and may result in the assessment of an administrative penalty.

A permit application must accompany variance request for monitoring wells.