

Well Management Section
 625 North Robert Street
 P.O. Box 64502
 St. Paul, Minnesota 55164-0502
 651-201-4600 or 800-383-9808
 health.wells@state.mn.us
 www.health.state.mn.us/wells



MDH Use Only	
Date Received	_____
Amount Received	_____
Deposit Number	_____
Site Number	_____
Receipt Codes:	Well Site (369)
	Well Site-Federal (361)
	Well Site-Government (374)

Environmental Well Construction Notification

- Please print or type the requested information.
- Incomplete notifications cannot be processed and will be returned to the applicant.
- Submit the completed notification, the nonrefundable \$275 notification fee (if required), and required signatures.
 - Make check or money order payable to the Minnesota Department of Health or pay by credit card using the attached Credit Card Payment Information form.
 - Mail completed notification and fee to address listed above or fax to 877-434-9853.

Site Permit Exists: Yes No If **yes**, enter existing Site Permit Number. _____

Check all Boxes That Apply

A single \$275 fee is required for all wells located on the same property and listed on this application form(s).

- | | |
|--|---|
| <input type="checkbox"/> Well(s) Owned by Federal Government | <input type="checkbox"/> Well(s) Owned by State or Local Government |
| <input type="checkbox"/> Reconstruction Requiring a Notification | <input type="checkbox"/> All Other Environmental Wells |

For Wells(s) Owned by the Minnesota Pollution Control Agency (MPCA) (Check one of the following boxes.)

- | | |
|---|--|
| <input type="checkbox"/> MPCA Closed Landfill Program | <input type="checkbox"/> MPCA Monitoring Program |
| <input type="checkbox"/> MPCA Petroleum Program | <input type="checkbox"/> MPCA Superfund Program |

For Wells(s) Owned by the Minnesota Department of Agriculture (Check one of the following boxes.)

- | | |
|--|--|
| <input type="checkbox"/> MONU-State Program-Monitor | <input type="checkbox"/> FMU1-State Program-Nutrient |
| <input type="checkbox"/> IRUN-MERLA-PA/SI State Lead | <input type="checkbox"/> IRUN-MERLA-Kettle River CO |

Well Location Address

Street Address _____ City _____ State _____ ZIP Code _____ County _____

Property Identification Number _____ Number of Environmental Wells _____

Environmental Well Site Location

All wells listed must be located on the same property. When the property has more than four wells, list the additional wells on the *Environmental Well Construction Notification: Additional Wells* form.

Note: Separate notification(s) and fee(s) must be submitted for wells on different properties.

Total Number of Wells _____

Unique Well Number	Depth	Township Number	Range Number	Section Number	Quarter Sections (List Three Quarters Smallest to Largest)

Well Owner Billing Address for Maintenance Permits

Well Owner Name Contact Person Email Address

Street Address City State ZIP Code Telephone No.

Consultant

Consultant Name/Contact Person Telephone No. Email

Property Owner

If the well owner is not the property owner, reference Minnesota Statutes, section 1031.205, subdivision 8 for information requiring a signed agreement between the well owner and property owner. This form must be signed by the licensed contractor's certified representative and the property owner or property owner's agent. If the property owner and well owner are not the same, **the well owner or well owner's agent must also sign accepting responsibility for obtaining maintenance permits and for sealing the environmental well(s).**

Property Owner Name Contact Person Contact Person Email Address

Street Address City State ZIP Code Telephone No.

Signatures

As owner of the well(s) listed, I agree I will be responsible for obtaining maintenance permits and for sealing the well(s) in accordance with Minnesota Statutes, section 1031.205 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

Well Contractor Company and Certified Representative

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 (print) License No.

Certified Representative Name (print) Certified Representative Email Certified Representative No.

Certified Representative Signature Date

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Credit Card Payment Information

Minnesota Unique Well No. _____

Minnesota Well and Boring Sealing No. **H** _____

Please complete and return this form if fee(s) payment is by credit card.

Note: If the *notification form* already has the preprinted credit card information box **DO NOT** use this form.

Effective May 1, 2023, credit card payments to the Minnesota Department of Health Well Management Section will automatically include a 2.15% convenience fee charged and collected by US Bank.

Fee Type

Bored Geothermal Heat Exchanger Construction Permit
Groundwater Thermal Exchange Permit
Elevator Boring Permit
Environmental Well Construction Notification
Exploratory Boring Notification
License and/or Rig Registration
Maintenance Permit
Variance Application
Well Construction Notification
Well Sealing Notification

Credit Card Information

Credit Card Type: Visa MasterCard Discover Expiration Date _____

Total Amount to be Charged _____

2.15% of total convenience fee charged by US Bank

Cardholder Name _____

Credit Card Number _____ 3-Digit Security Code (Printed on back of card) _____

I understand Minnesota Department of Health's Tennessee Warning for credit card use is available by calling 651-201-4600 or on Well Management Section's website at:

Tennessee Warning (www.health.state.mn.us/communities/environment/water/wells/tw.html).

Authorized Signature _____ Date _____