

Well Management Section  
 625 North Robert Street  
 P.O. Box 64975  
 St. Paul, Minnesota 55164-0975  
 651-201-4600 or 800-383-9808  
 health.wells@state.mn.us  
 www.health.state.mn.us/wells



## Maintenance Permit Ownership Transfer

- **Complete if ownership of wells on a maintenance permit has changed.**
- Include all required signatures, a copy of the recent maintenance permit, and additional copies if needed.
- Submit an Access Agreement or other supporting documentation (if applicable).
- Mail to address listed above, email to [health.wells@state.mn.us](mailto:health.wells@state.mn.us) or fax to 877-434-9853.

This form serves as notification to the Minnesota Department of Health (MDH) that ownership transferred on \_\_\_\_\_ (date) for well(s) under a maintenance permit as described below.

### Well Owner Transferring Ownership

\_\_\_\_\_  
 First Name Last Name

\_\_\_\_\_  
 Business Name

\_\_\_\_\_  
 Address City State ZIP Code

\_\_\_\_\_  
 Email Phone Number

### Well Location

\_\_\_\_\_  
 Address City State ZIP Code

\_\_\_\_\_  
 Property Identification Number County

### Well(s) Information

Total Number of Wells \_\_\_\_\_ Site Permit:  Yes  No If yes, Well Site Permit No. \_\_\_\_\_

Unique Well Number	Depth (ft)	Township Number	Range Number	Section Number	Quarter Sections (List Smallest to Largest)		
					Qtr	Qtr	Qtr
000000	150 ft	29	21	12	SE	SE	NE

## New Well Owner Accepting Ownership

### Billing Address for Maintenance Permits

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.

---

First Name	Last Name
------------	-----------

---

Business Name
---------------

---

Address	City	State	ZIP Code
---------	------	-------	----------

---

Email	Phone Number
-------	--------------

### Property Owner

If the property owner and well owner are not the same, the property owner has an access agreement with the new well owner to allow access to the well(s) to conduct sampling and maintenance. A copy of the Access Agreement is attached to this form.

---

Business Name	Contact Person Name
---------------	---------------------

---

Address	City	State	ZIP Code
---------	------	-------	----------

---

Email	Phone Number
-------	--------------

### Questions

If you have any questions, please contact MDH at [health.wells@state.mn.us](mailto:health.wells@state.mn.us) or 651-201-4600.

### 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.

---

Property Owner/Agent Name (print)	Property Owner/Agent Signature	Date
-----------------------------------	--------------------------------	------

---

Well Owner/Agent Name (print)	Well Owner/Agent Signature	Date
-------------------------------	----------------------------	------

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.  
To obtain this information in a different format call 651-201-4600.  
Business Operations\Forms 12/19/2023