

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:	
	Notification (per well) (369)
	Well Site (5+ wells) (406)
	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, required signatures, and the nonrefundable **\$330 notification fee per well or a single fee of \$1,620 if an environmental well site project comprising of five or more wells.**
- Additional wells added to an existing environmental well site project that were not originally included on the previous notification will require a new notification and fee.
- 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.

Check all boxes that apply:

<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 _____

Environmental Well Site Project

All wells listed must be located on the same property. If there are less than five wells constructed, there is a notification fee of \$330 per environmental well. For five or more wells, there is a single fee of \$1,620.

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

Total Number of Proposed Wells _____

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
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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. If an environmental well is not sealed by 14 months after the completion of construction, the owner of the property must obtain and annually renew a maintenance permit from the commissioner. 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
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Property Owner/Agent Name (print)	Property Owner/Agent Signature	Date
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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.
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Certified Representative Name (print)	Certified Representative Email	Certified Representative No.
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Certified Representative Signature	Date
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