

MDH Use Only	
Date Rcd	_____
Amount Recd	_____
Deposit #	_____
Date Approved	_____
\$330 (Fee Code 214)	_____
\$1620 (Fee Code 208)	_____

# Dewatering Well Construction Notification

WELL MANAGEMENT SECTION

**Read and follow the enclosed Instruction Sheet.**

**ALL FIELDS ARE REQUIRED. IF INCOMPLETE, APPLICATION WILL BE RETURNED.**

1. Incomplete applications cannot be processed and will be returned to the applicant.
2. Make check or money order payable to the Minnesota Department of Health (MDH) or pay by credit card by completing your license application and submitting your fees at <https://mn-mdh.portal.opengov.com/>.  
**Credit card payments must be made through the online system; paper applications cannot pay by card.**
3. Returned checks are subject to a \$30 fee per Minnesota Statutes, section 604.113, subdivision 2(a). Licenses that have been issued will be canceled.
4. Fees submitted with this application are nonrefundable per Minnesota Rules, part 4725.0350, subpart 3.
5. Mail completed application, payment, and supporting documentation to MDH's address listed at the bottom of this application or submit your application online at <https://mn-mdh.portal.opengov.com/>.

## Application Fee

- Dewatering Well Notification (\$330 per well up to 4)
- Dewatering Well Project Notification (\$1620 single fee for 5+ wells)

## Applicant Information (ALL FIELDS REQUIRED)

Email Address \_\_\_\_\_

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

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

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

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## About the Applicant (ALL FIELDS REQUIRED)

**Who is filling out this form?**

- Well/boring contractor     Well owner     Well owner's agent     Someone else

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

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

Title/ License Number \_\_\_\_\_



**Property Owner of the Well** (ALL FIELDS REQUIRED UNDER PERSON OR COMPANY)

Unique well number of this property owner data \_\_\_\_\_

Is contact information about the well property owner still accurate?  Yes  No

Does the property owner have the same address as the well?  Yes  No

**Company**

Company owner name \_\_\_\_\_

Company street address \_\_\_\_\_

Company city \_\_\_\_\_

Company state \_\_\_\_\_

Company zip \_\_\_\_\_

Company phone number \_\_\_\_\_

Company email \_\_\_\_\_

Company Contact first name \_\_\_\_\_

Company Contact last name \_\_\_\_\_

Company Contact email \_\_\_\_\_

Company contact phone number \_\_\_\_\_

**Person**

Owner first name \_\_\_\_\_

Owner last name \_\_\_\_\_

Owner street address \_\_\_\_\_

Owner city \_\_\_\_\_

Owner state \_\_\_\_\_

Owner zip \_\_\_\_\_

Owner phone number \_\_\_\_\_

Owner email \_\_\_\_\_

**Owner of the Well(s)**

Is the property owner also the well owner? (IF NO, ENTER THE FIELDS BELOW)

Yes  No

Well Owner first name \_\_\_\_\_

Well Owner last name \_\_\_\_\_

Well Owner street address \_\_\_\_\_

Well Owner city \_\_\_\_\_

## DEWATERING WELL CONSTRUCTION NOTIFICATION

Well Owner state \_\_\_\_\_  
Well Owner zip \_\_\_\_\_  
Well Owner phone number \_\_\_\_\_  
Well Owner email \_\_\_\_\_

### Well Company License (ALL FIELDS REQUIRED)

Company license number \_\_\_\_\_  
Company name \_\_\_\_\_  
Company license expiration date \_\_\_\_\_  
Certified Rep first name \_\_\_\_\_  
Certified Rep last name \_\_\_\_\_

### Fee Exemption Determination

**Some entities are exempt from well/boring notification fees. The following questions will guide that determination.**

- None below apply (not exempt from fee)
- American Indian reservation
- Federal military reservation
- Metropolitan Council, Minnesota
- United States Army Corps of Engineers (USACE)
- United States Geologic Survey (USGS)

### Tennessee Warning and Signature (REQUIRED)

#### For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

#### For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

#### For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General's Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.

I understand MDH's Tennessee Warning and will provide true and complete information in this application. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this license.

DEWATERING WELL CONSTRUCTION NOTIFICATION

Name (Print) \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Minnesota Department of Health  
Well Management Section  
PO Box 64502  
St. Paul, MN 55164-0502  
651-201-4600  
[health.wells@state.mn.us](mailto:health.wells@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

03/11/2026

*To obtain this information in a different format, call: 651-201-4600.*