

MDH Use Only	
Date Rcd	_____
Amount Recd	_____
Deposit #	_____
Date Approved	_____
\$330 (Fee Code 399)	_____
\$1620 (Fee Code 406)	_____

Environmental 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

- Environmental Well Notification (\$330 per well up to 4)
- Environmental 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)

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

Unique well number of this property owner data _____

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 _____

ENVIRONMENTAL WELL CONSTRUCTION NOTIFICATION

Well Owner state _____

Well Owner zip _____

Well Owner phone number _____

Well Owner email _____

Licensed Well/Boring Company (ALL FIELDS REQUIRED)

Company license number _____

Company name _____

Company license expiration date _____

Responsible Certified Representative (ALL FIELDS REQUIRED)

Certified Rep license number _____

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.

ENVIRONMENTAL WELL CONSTRUCTION NOTIFICATION

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 Tennessen 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.

Name (Print) _____ Date _____

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
www.health.state.mn.us

03/11/2026

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