

Preliminary Well Construction Application for Approval

Tracking Number _____ - _____ Office Use Only

NOTICE OF WARNING: All information provided on this form is considered to be public information in accordance with the Minnesota Data Practices Act (Minnesota Statutes, chapter 13).

Date (Required): _____	Proposed Well Location (complete a minimum of 2 of the items below) 1. GPS Coordinates (UTM) X: _____ Y: _____ UTM Zone _____ Easting _____ Northing _____ 2. _____ ¼ of _____ ¼ of Section # _____ Township # _____ Range # _____ 3. County: _____ 4. County Property Parcel ID # _____ <i>Optional: attach an aerial photograph or a site map showing the proposed well location and identifiable landmarks and roads.</i>
Instructions: <i>(Print clearly or type)</i> 1. Complete all required items 2. Email, fax or mail completed form to a nearby Area Office (listed on back of this form) ➤ Incomplete or inaccurate information will delay processing ➤ Keep copies for your records	

Water Source Formation or Aquifer Name (Required): _____

Approximate well depth in feet (Optional): _____

Proposed Water Uses: (at least one is required) 1. _____ 2. _____ 3. _____	Maximum Instantaneous Pumping Rate: (Required) gpm - gallons per minute _____ gpm	Maximum Volume: (Required) MG - million gallons Per Day: _____ Gallons Per Year: _____ MG
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Well Driller (if known at time of application) Company: _____ Driller Name: _____ Address: _____ _____ Phone: _____ Email: _____ Notes: _____ _____ _____	Property Owner (Required) Name: _____ Address: _____ _____ Phone: _____ Email: _____ Authorized Agent/Lessee (if applicable) Name: _____ Address: _____ _____ Phone: _____ Email: _____
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Northwest Region 1

Stephanie Klamm

stephanie.klamm@state.mn.us
246 125th Ave NE
Thief River Falls, MN 56701
(218) 681-0947 ext 223
FAX (218) 681-0948
Kittson/Marshall/Pennington
Polk/Red Lake/Roseau

Darrin Hoverson

darrin.hoverson@state.mn.us
110 7th St W Suite 301
Park Rapids MN 56470
(218) 732-8960 ext 225
FAX (218) 732-8962
Cass/Hubbard/Wadena

Dan Thul

dan.thul@state.mn.us
2115 Birchmont Beach NE
Bemidji, MN 56601
(218) 308-2676
FAX (218) 755-4066
Beltrami/Clearwater/Lake of
the Woods

Rodger Hemphill

14583 County Hwy 19
Detroit Lakes, MN 56501
(218) 846-8384
FAX (218) 846-8397
Becker/Clay/Mahnomen
Norman

Julie Aadland ext 243

julie.aadland@state.mn.us
Otter Tail/Traverse/Wilkin

Emily Siira ext 232

emily.siira@state.mn.us
Douglas/Grant/Pope/Stevens

1509 1st Ave N
Fergus Falls, MN 56537
(218) 739-7576
FAX (218) 739-7601

Northeast Region 2

Amy Loiselle

amy.loiselle@state.mn.us
7979 Highway 37
Eveleth, MN 55734
(218) 735-3963
FAX (218) 744-7451
St. Louis

Erika Herr

erika.herr@state.mn.us
1201 East Highway 2
Grand Rapids, MN 55744
(218) 327-4106
FAX (218) 327-4263
Itasca/Koochiching

Patricia Fowler

patricia.fowler@state.mn.us
Carlton/Duluth Metro Area
(218) 834-1442

Cliff Bentley

cliff.bentley@state.mn.us
Cook/Lake
(218) 834-1441

1568 Highway 2
Two Harbors, MN 55616
FAX (218) 834-6639

Heidi Lindgren

heidi.lindgren@state.mn.us
1601 Minnesota Drive
Brainerd, MN 56401
(218) 203-4368
FAX (218) 855-5079
Aitkin/Crow Wing/Pine

**www.mndnr.gov/
ewr/contacts.html**

**Region 1-Northwest
Region 2-Northeast
Region 3-Central
Region 4-South**

Central Region 3

Ken Zeik

kenneth.zeik@state.mn.us
16543 Haven Road
Little Falls, MN 56345
(320) 616-2450 ext 234
Mille Lacs/Morrison/Todd

Nicola Blake-Bradley

nicola.blake-
bradley@state.mn.us
(320) 223-7844
Benton/Stearns

Roger Stradal

roger.stradal@state.mn.us
(320) 223-7850
Sherburne/Wright

940 Industrial Dr. S #103
Sauk Rapids, MN 56379

Craig Wills

craig.wills@state.mn.us
800 Oak Savanna Ln SW
Cambridge, MN 55008
(763) 689-7100 ext 225
Chisago/Isanti/Kanabec

Kate Drewry

kate.drewry@state.mn.us
(651) 259-5753
Anoka/Hennepin

Jen Sorensen

(651) 259-5754
Jenifer.sorensen@state.mn.us
Ramsey/Washington

Jennie Skancke

jennie.skancke@state.mn.us
(651) 259-5790
Carver/Dakota/Scott

1200 Warner Road
St Paul, MN 55106

Bill Huber

bill.huber@state.mn.us
1801 South Oak Street
Lake City, MN 55041
(651) 345-5601 ext 244
Goodhue/Wabasha

Corey Hanson

corey.hanson@state.mn.us
3555 9th Street NW, Suite 350
Rochester, MN 55901
(507) 206-2854
Fillmore/Houston/Olmsted/
Winona

South Region 4

Ryan Bjerke

ryan.bjerke@state.mn.us
811 Pine Ave
Ortonville, MN 56278
(320) 839-3823
Big Stone, Lac qui Parle

Ethan Jenzen

ethan.jenzen@state.mn.us
164 County Rd 8 NE
PO Box 457
Spicer, MN 56288
(320) 796-2161 ext 232
Chippewa/Kandiyohi/
Meeker/Swift

Lucas Youngsma

lucas.youngsma@state.mn.us
1400 E. Lyon
Marshall, MN 56258
(507) 537-7258
Lincoln/Lyon/ Redwood/
Yellow Medicine

Brian Nyborg

175 County Road 26
Windom, MN 56101-1868
(507) 831-2900 ext 224
Cottonwood/Jackson/Murray
Nobles/Pipestone/Rock

Garry Bennett

garry.bennett@state.mn.us
20596 Highway 7
Hutchinson, MN 55350
(320) 234-2550 ext 230
Brown/McLeod/Renville/Sibley/
Le Sueur

Scott Bohling

scott.bohling@state.mn.us
117 Rogers Street
Mankato, MN 56001
(507) 389-8806
Watsonwan/Brown

Dan Girolamo

dan.girolamo@state.mn.us
50507 Sakatah Lake State Park Rd
Waterville MN 56096
(507) 362-8778
Blue Earth/Faribault/Martin/
Rice/Steele/Waseca

Todd Piepho

todd.piepho@state.mn.us
50507 Sakatah Lake State Park Rd
Waterville MN 56096
(507) 362-8868
Dodge/Mower/Freeborn

