

MDH Use Only	
Date Rcd	_____
Amount Recd	_____
Deposit #	_____
App #	_____
Receipt Code: \$325 (403)	

Variance Application

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/>.

Variance Application Fee

Variance \$325

Applicant Information (ALL FIELDS REQUIRED)

Email Address _____

First Name _____

Last Name _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

About this Variance Request (ALL FIELDS REQUIRED)

Who is submitting this variance request? (pick one)

Licensed contractor Yes No

Property owner Yes No Property owner is the well owner Yes No

Well owner Yes No

Consultant/engineer/other Yes No

VARIANCE APPLICATION

Do you know the MN unique well or boring number(s)? Yes No

Minnesota unique well or boring number(s) (use a comma to separate multiple numbers):

Does the well have a well disclosure certificate ID? Yes No

Well disclosure certificate ID _____

Describe how strict compliance with the MN Rule(s) will impose an undue burden (attach additional pages as necessary):

For what length of time is the variance requested: _____

Have you been working with a Wells Management staff member on this variance? Yes No

Name of staff member: _____

General Information (ALL FIELDS REQUIRED)

Will any variance from Minnesota Rules involve isolation distances? Yes No

Is this a well that is obstructed, inaccessible, or unlocated? Yes No

What is the torrens number (required if applicable): _____

What is the certificate of title number (required if applicable): _____

(ONLY FOR OBSTRUCTED, INACCESSIBLE, OR UNLOCATED WELLS) A complete legal description of the well property will be required. You can supply this in one of two ways:

1. Include an attachment with the legal description or
2. Enter the legal description.

Will you be including an attachment of the well property legal description? Yes No

Is this variance request for an exploratory boring sealing extension? Yes No

Minnesota Rules Requiring a Variance (ALL FIELDS REQUIRED)

(attach additional pages as necessary)

What rule applies to the variance request? _____

The applicable MN Rules subpart, if applicable: _____

MN Rules item letter, if applicable: _____

MN Rules subitem number, if applicable: _____

List the specific language in MN Rules:

What is the reason that you must vary from the specific rule (attach additional pages as necessary)?

Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment. Include information on special construction methods, safety measures, or precautions proposed to protect public health, safety, and the environment.

Answer the following questions if this Minnesota rule variance involves isolation distances

What is the age, design, size, and construction type for all existing or potential contaminant sources on the property and adjacent properties (such as septic systems; petroleum storage tanks; unused, unsealed wells; etc.)?

Specify any other relevant information, such as testing, inspection, or certification reports or data:

Information on soil types from a soil survey, percolation test, or soil boring report:

Exploratory boring sealing extension only (ALL FIELDS REQUIRED)

(attach additional pages as necessary)

ID that will identify this location on the map you submit:

Exploratory boring coordinates:

Latitude (XX.XXXX) _____

Longitude (-XX.XXXX) _____

Property Owner (ALL FIELDS REQUIRED)

Property owner first name or company name _____

Property owner last name-enter N/A if this is a company _____

Property owner street address _____

Property owner city _____

Property owner state _____

Property owner zip _____

Property owner phone _____

Property owner email _____

Well Owner, if applicable (ALL FIELDS REQUIRED)

Well owner first name or company name _____

Well owner last name-enter N/A if this is a company _____

Well owner street address _____

Well owner city _____

Well owner state _____

Well owner zip _____

Well owner phone _____

Well owner email _____

Well Location and Description (ALL FIELDS REQUIRED)

Does the well have a street address? Yes No

If yes, street address _____

If no, describe well location: _____

City _____

County _____

Township Name (if applicable) _____

Township Number _____ Range Number _____ Section Number _____

Property Identification Number _____

Public Land Survey System quarter sections (list three-smallest to largest)

First Quarter-smallest _____ Second Quarter-next largest _____ Third Quarter-largest _____

Inaccessible, obstructed or unlocated variance requests only, if legal description is not included as attachment

Government lot number _____ Lot Number _____ Block Number _____

Addition Name _____

Well information

It's best to answer these questions if you are able. Not answering will slow down the processing, and possibly cause denial, of this variance request.

What is the estimated depth in feet; if unknown use (negative) -999: _____

What is the casing depth in feet; if unknown use (negative) -999: _____

What is the casing diameter in inches; if unknown use (negative) -999: _____

What is the casing type: _____

What is the drilling method: _____

What is the depth to water in feet; if unknown use (negative) -999: _____

What are the grout materials: _____

What are the construction methods: _____

What are the anticipated or observed geologic conditions:

Pumping rate as gpm; if unknown use (negative) -999 _____

Number of people served by well _____

Description of well use _____

Company License Information (ALL FIELDS REQUIRED)

Company name _____

Company license number _____

Primary contact's first name _____

Primary contact's last name _____

Company street address _____

Company city _____

Company state _____

Company zip _____

Company phone _____

Company email _____

Inaccessible, Obstructed, or Unlocated Variances only Fee Owner (ALL FIELDS REQUIRED)

Every fee owner must be submitted. Fee owner is generally defined as the exact name written on the deed.

Name of primary fee owner: _____

Fee owner street address _____

Fee owner city, state, and zip _____

Is there a secondary fee owner? Yes No

VARIANCE APPLICATION

Name of secondary fee owner _____

Is there a tertiary fee owner? Yes No

Name of tertiary fee owner _____

Are there any additional fee owners not yet listed? Yes No

List all additional fee owners not yet listed

Attachments (REQUIRED)

All requests

1. Include a completed scaled map showing the well or boring location in relation to property lines, structures, utilities, and contamination sources.
2. Additional approval attestations required. Variance requests require approval by the following: contractor, property owner, and well owner (if the property owner is not also the well owner).

Please download this approval PDF form:

<https://www.health.state.mn.us/communities/environment/water/docs/wells/wellvarapp.pdf>. Have each required party sign the approval form. Send with completed application.

3. Include any other additional supporting information.

Isolation distance request only

Include a copy of any review of contamination sources by a local or state government under their applicable regulations.

Inaccessible, Obstructed, or Unlocated Variance request only

(if application indicates a legal description will be included). Attach complete legal description of well property.

Exploratory boring sealing extension requests only

Include photos of existing conditions of borings.

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.

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.