

Minnesota Department of Health
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/divs/eh/wells



MDH Use Only
Date Received _____
Amount Received _____
Application Number _____
\$275 BGHE < 10 Tons (272) _____
\$515 BGHE 10 to 50 Tons (273) _____
\$740 BGHE > 50 Tons (274) _____
Date Approved _____

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 application to address listed above.

Bored Geothermal Heat Exchanger (BGHE) Construction Permit Application (Earth-coupled heat loop)

Indicate Heating/Cooling Capacity

< 10 Tons - \$275 10 to 50 Tons - \$515 > 50 Tons - \$740

General Project Data (Please print or type.)

Certified Representative Name	Certified Representative No.
<input type="text"/>	<input type="text"/>
Company Name	Company License No.
<input type="text"/>	<input type="text"/>
Street Address, City, State, ZIP Code	Telephone No.
<input type="text"/>	<input type="text"/>

BGHE Location

County	Township Name	Property Identification No.		
<input type="text"/>	<input type="text"/>	<input type="text"/>		
Township No.	Range No.	Section No.	Quarters - List Smallest to Largest	Gov Lot No.
<input type="text"/>	<input type="text"/>	<input type="text"/>	Qtr <input type="text"/> Qtr <input type="text"/> Qtr <input type="text"/>	<input type="text"/>
Lot No.	Block No.	Addition Name		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

BGHE Location Address

Street Address, City, State, ZIP Code

BGHE Owner Mailing Address

Owner Name

Street Address, City, State, ZIP Code

Property Owner Address (If different than the BGHE Owner Mailing Address.)

Property Owner Name

Street Address, City, State, ZIP Code

BGHE Construction Detail (Please supply the following information for the proposed system.)

Number of Holes

Hole Depth(s)

Piping Diameter(s)

Anticipated Depth to Bedrock

Piping Material:

High Density Polyethylene

Other

Grouting Material:

Neat Cement

Cement Sand

Thermally Enhanced Bentonite

Bentonite

Other

Heat Transfer Fluid:

USP-Grade or Food-Grade Propylene Glycol

Other

Heat Pump Unit Description

Manufacturer Name

Model No.

Pressure Rating - Maximum

Minimum

Maximum Flow Rate (g.p.m.)

Installer Name

Installation Date (actual or proposed)

BGHE Location Site Plan (The site plan diagram must be attached.)

The BGHE system must be indicated on an attached site plan. The site plan must show isolation distances from water-supply wells, power lines, gas lines, LP tanks, buildings, and property lines.

Application Requirements

Incomplete applications cannot be processed and will be returned to the applicant. Submit the completed application, the appropriate nonrefundable application fee, site plan, and required signatures.

Certified Representative Signature

As a condition of this permit, I agree to construct this BGHE under the provisions of Minnesota Statutes, chapter 103I and Minnesota Rules, chapter 4725.

Signature (Insert digital signature or print form to sign.)

Date

Property Owner Signature

As a condition of this permit, I agree to operate and maintain this BGHE under the provisions of Minnesota Statutes, chapter 103I and Minnesota Rules, chapter 4725 and to allow inspection by the commissioner of health or his/her agent during regular work hours.

Signature (Insert digital signature or print form to sign.)

Date

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.

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