



*Protecting, maintaining and improving the health of all Minnesotans*

## MEMORANDUM

**DEPARTMENT:** Health

**TO:** Variance Applicants

**FROM:** Alex M. Martell, Hydrologist  
Well Management Section  
P.O. Box 64975  
St. Paul, Minnesota 55164-0975

A handwritten signature in black ink, appearing to read "AMM", is written over the printed name of Alex M. Martell.

**PHONE:** 651-201-4595

**SUBJECT:** Completing the Variance Request Application Form

The attached **VARIANCE REQUEST APPLICATION** form may be used to apply for a variance from any requirements of Minnesota Rules, Chapter 4725 (Wells and Borings) and Minnesota Rules, Chapter 4727 (Explorers and Exploratory Borings). Variances cannot be granted to state statute, including Minnesota Statutes, Chapter 103I (Wells, Borings, and Underground Uses). Variances must have only future effect, so cannot be granted "after the fact."

A variance request must be submitted in writing on the attached application form, and must include the \$235 nonrefundable variance fee. The variance fee is in addition to any applicable permit or notification fee. The fee may be paid by check or money order payable to the Minnesota Department of Health or by credit card using the attached Credit Card Payment Information form.

On "average," a variance application takes approximately two weeks to process. In order to avoid delays in processing of your variance request, please be sure that your application includes all of the following:

- A completed and legible **VARIANCE REQUEST APPLICATION** form.
- The site map specified in Part I of the application.
- Signatures of all affected parties, which may include the property owner(s), well owner, well contractor, sewer contractor, or others.
- The nonrefundable variance fee.

You will be notified in writing of the Minnesota Department of Health (MDH) decision regarding your variance request. Variances may only be granted in writing by the MDH.

An approved variance usually includes several conditions which must be satisfied in order for the variance to be valid. These alternative measures or conditions which are attached to a variance have the force of law and effect of applicable rule. Failure of the applicant to comply with alternative measures and conditions of the variance will result in immediate expiration of the variance and the party will be subject to enforcement actions and penalties provided in the applicable law or rule.

If you have any questions on variances or need additional variance application forms, please contact me at 651-201-4595 or visit the MDH Well Management Section at Orville L. Freeman Building, 625 North Robert Street, St. Paul, Minnesota 55155-2538.

AMM:kad  
Attachments

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# VARIANCE REQUEST APPLICATION

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  
 Fax 651-201-4599

### MDH USE ONLY

Date Received \_\_\_\_\_  
 Amount Received \_\_\_\_\_  
 TN Number \_\_\_\_\_  
 Deposit No. \_\_\_\_\_  
 Receipt Codes: General Program - 4921  
 Disclosure Program - 4932

The party requesting the variance must complete this Variance Request Application and submit to the above-listed address, along with the nonrefundable \$235 application fee.

ID No. of Water Well Status Report (if applicable) \_\_\_\_\_

In counties or governmental units which currently have a well program delegation agreement, the variance request must be submitted to both the Minnesota Department of Health and to the delegated program for review.

### The variance request must contain the following information. (Please print or type.)

|   |  |                 |                 |                              |                                     |                               |        |
|---|--|-----------------|-----------------|------------------------------|-------------------------------------|-------------------------------|--------|
| <b>A. Name of Applicant (i.e. well/boring/sewer/other owner)</b>  |  |                 |                 |                              | Company Name (if applicable)        |                               |        |
| Street Address  |  |                 |                 |                              |                                     |                               |        |
| City  |  |                 | State           | ZIP                          | Telephone No. (including area code) |                               |        |
| <b>B. Name of Property Owner (if different from above)</b>  |  |                 |                 |                              | Company Name (if applicable)        |                               |        |
| Street Address  |  |                 |                 |                              |                                     |                               |        |
| City  |  |                 | State           | ZIP                          | Telephone No. (including area code) |                               |        |
| <b>C. Name of Contractor (if applicable)</b>  |  |                 |                 | Company Name (if applicable) |                                     | Company License No.           |        |
| Street Address  |  |                 |                 |                              |                                     |                               |        |
| City  |  |                 | State           | ZIP                          | Telephone No. (including area code) |                               |        |
| <b>D. Well or Boring Location</b>   | Fraction   |                 | Section No.     | Range No.                    | Township No.                        | Township Name                 | County |
|   | ¼  | ¼               | ¼               |                              |                                     |                               |        |
| Street Address of Well or Boring  |  |                 |                 |                              |                                     |                               |        |
| City  |  |                 | State           | ZIP                          | Fire No.                            | MN Unique Well No. (if known) |        |
| <b>E. Rule(s) from which variance is requested (cite specific rule[s]).</b>   |  |                 |                 |                              |                                     |                               |        |
| <b>F. Reason(s) rule cannot be met (include supporting evidence).</b>   |  |                 |                 |                              |                                     |                               |        |
| <b>G. Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment.</b> |  |                 |                 |                              |                                     |                               |        |
| <b>H. Well Information</b>  | Estimated Depth  | Casing Depth    | Casing Diameter | Casing Type                  | Method of Drilling                  |                               |        |
|   | Depth to Water   | Grout Materials |                 |                              |                                     |                               |        |
|   | Description of Construction Methods and Anticipated Geologic Conditions. |                 |                 |                              |                                     |                               |        |

**I. A scaled map showing the location of the well or boring in relation to property lines, structures, utilities, and contamination sources (use additional sheets as necessary and note distances from contamination sources and wells on adjacent properties).**

Please include the following information for a variance request from isolation distances.

**J. Description of the age, design, size, and type of construction of any existing or potential contaminant sources (such as septic system; petroleum storage; unused, unsealed wells; etc.). Include contamination sources on adjacent properties.**

**K. Other relevant information, such as any testing, inspection, or certification data (please attach reports or data).**

Incomplete applications cannot be processed and will be returned to the applicant. Please submit a complete application including application fees, scaled map, and signatures of well owner and contractor (if applicable). Please include with this request any relevant information necessary to properly evaluate the request and a copy of any review of any contamination sources by a local or state unit of government under other applicable regulations.

The nonrefundable variance fee of \$235 along with the variance application, signed by the applicant and the contractor, with supportive information, must be returned to the Well Management Section, Minnesota Department of Health, P.O. Box 64502, St. Paul, Minnesota 55164-0502

This variance is conditioned upon the applicant's acceptance of, and compliance with the conditions of this variance. Failure by the applicant to comply with the conditions prescribed in this variance will result in the immediate expiration of this variance.

If the variance is granted, I agree to comply with any conditions required by the Minnesota Department of Health.

|      |                             |                                     |
|------|-----------------------------|-------------------------------------|
| Date | Applicant Name (print)      | Applicant Signature                 |
| Date | Property Owner Name (print) | Property Owner Signature            |
| Date | Contractor Name (print)     | Contractor Representative Signature |



Minnesota Department of Health, Well Management Section  
 625 North Robert Street, P.O. Box 64502, St. Paul, Minnesota 55164-0502  
 651-201-4591 or 800-369-1290 and Fax No. 651-201-4599

Minnesota Unique Well No. MN Well and Boring Sealing No.

|  |   |
|--|---|
|  | H |
|--|---|

Please complete and return this form if payment of fee(s) is by credit card. **NOTE:** If the *notification form* already has the preprinted credit card information box **DO NOT** use this form.

Fee Type:  Monitoring Well Permit Application  Elevator Boring Permit Application  Variance Application  
 VHE/Groundwater Thermal Exchange Permit Application  License/Registration and/or Rig Registration  
 Maintenance Permit

Credit Card Type:  Visa  MasterCard  Discover Expiration Date: \_\_\_\_\_

Total Amount to be Charged: \_\_\_\_\_

Print Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ 3-Digit Security Code \_\_\_\_\_  
 (Printed on back side of card.)

Authorized Signature: \_\_\_\_\_