

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/wells



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

Bored Geothermal Heat Exchanger (BGHE) Construction Permit Application

- Please print or type the requested information.
- 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.
- 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 and fee to address listed above or fax to 877-434-9853.**

Indicate Heating/Cooling Capacity

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

Licensed Well or BGHE Contractor

_____	_____
Certified Representative Name	Certified Representative No.
_____	_____
Company Name	Company License No.
_____	_____
Email or Mailing Address Where Approved Permit Should be Delivered	Telephone No.

BGHE Location

_____	_____	_____	
County	Township Name	Property Identification No.	
_____	_____	_____	
Township No.	Range No.	Section No.	Qtr
_____	_____	_____	_____
Street Address	City	State	ZIP Code

Property Owner

(If BGHE Owner is different, provide BGHE Owner name, address, and email address on an attached sheet.)

_____	_____		
Property Owner Name	Contact Person		
_____	_____		
Street Address	City	State	ZIP Code
_____	_____	_____	_____
Property Owner Email Address	Telephone Number		

BGHE Construction Detail

Vertical Bore Hole(s) Directionally Drilled Bore Hole(s)

Number of Bore Holes _____ **Number of Pipe Loops per Hole** _____

Bore Hole Depth(s) _____ **Anticipated Depth to Bedrock** _____

Bore Hole Length(s) (For directionally drilled bore hole[s].) _____

Geologic materials expected to be encountered by borings. _____

Flowing artesian conditions expected? Yes No

Piping: High Density Polyethylene PEXa ASTM Standard _____ Diameter(s) _____

Grout: Neat Cement Cement Sand Thermally Enhanced Bentonite Bentonite

Bentonite or Thermally Enhanced Bentonite Product Name _____

Enhancement Material (for Thermally Enhanced Bentonite): Sand Graphite

Marking Method: Tracer Wire Underground Marking Tape Ferromagnetic Metal Markers

Heat Transfer Fluid: Potable Water Propylene Glycol Ethanol-Water Solution (<=20% ethanol)

Propylene Glycol with Additives (Must be NSF HT1 Certified.)

Product Name (if not potable water) _____

For Ethanol Products – **Attach a complete list** of product ingredients and concentrations.

System Operating Pressure (psi) _____

BGHE Location Site Plan

The location(s) of the BGHE bore hole(s) must be provided on an attached site plan diagram. The diagram must show property lines and structures. Include locations of water-supply wells, power lines, gas lines, and LP tanks with distances to the BGHE.

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.

Certified Representative Name (print) Certified Representative Signature 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.

Property Owner Name (print) Property Owner Signature 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.
Publications\Form BGHE Construction Permit Application 03/18/2021R

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Credit Card Payment Information

Minnesota Unique Well No. _____

Minnesota Well and Boring Sealing No. **H** _____

Please complete and return this form if fee(s) payment is by credit card.

Note: If the *notification form* already has the preprinted credit card information box **DO NOT** use this form.

Effective May 1, 2023, credit card payments to the Minnesota Department of Health Well Management Section will automatically include a 2.15% convenience fee charged and collected by US Bank.

Fee Type

Bored Geothermal Heat Exchanger Construction Permit
Groundwater Thermal Exchange Permit
Elevator Boring Permit
Environmental Well Construction Notification
Exploratory Boring Notification
License and/or Rig Registration
Maintenance Permit
Variance Application
Well Construction Notification
Well Sealing Notification

Credit Card Information

Credit Card Type: Visa MasterCard Discover Expiration Date _____

Total Amount to be Charged _____

2.15% of total convenience fee charged by US Bank

Cardholder Name _____

Credit Card Number _____ 3-Digit Security Code (Printed on back of card) _____

I understand Minnesota Department of Health's Tennessee Warning for credit card use is available by calling 651-201-4600 or on Well Management Section's website at:

Tennessee Warning (www.health.state.mn.us/communities/environment/water/wells/tw.html).

Authorized Signature _____ Date _____