Well Management Section P.O. Box 64502 St. Paul, Minnesota 55164-0502 651-201-4600 or 800-383-9808 Fax: 877-434-9853 health.wells@state.mn.us www.health.state.mn.us/wells



## **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% service 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 Submerged Closed Loop Heat Exchanger 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 service fee charged by US Bank	
Cardholder Name					
Credit Card Number		3-Digit Security Code (Printed on back of card)			
I understand Minnesot 651-201-4600 or on We	•		•	or credit card use is available by calling	
Tennessen Warning (w	ww.health	state mn us/commi	inities/environm	ent/water/wells/tw.html)	

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

Authorized Signature

\_Date\_