MEMORANDUM

TO: Licensed Well Contractors

FROM: Ms. Kara E. Dennis, Hydrologist
Well Management Section
625 North Robert Street
P.O. Box 64975
St. Paul, Minnesota 55164-0975

SUBJECT: Groundwater Thermal Exchange Device Application

Attached is the permit application to operate a groundwater thermal exchange device.

Please send the completed application form, a nonrefundable $275 fee, and all required documentation to:

   Well Management Section
   Environmental Health Division
   Minnesota Department of Health
   P.O. Box 64502
   St. Paul, Minnesota 55164-0502

If you have any questions, please contact me at 651-201-4589, or 800-383-9808, or kara.dennis@state.mn.us.

KED:kad
Attachments

   origs\GTED Application Memo.docx   07/01/2017R

An equal opportunity employer.