

## Signatures Required for a SCLHE Permit Application

A submerged closed loop heat exchanger (SCLHE) permit application is being submitted to the Minnesota Department of Health involving the following site and must be signed by all required parties.

System address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### Well Contractor Certified Representative signature

As a condition of this permit, I agree to construct this SCLHE under the provisions of Minnesota Statutes, chapter 103I, Minnesota Rules, chapter 4725, and the conditions provided in an approved permit.

Name of contractor (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### SCLHE System Owner signature

As a condition of this permit, I agree to operate and maintain this SCLHE under the provisions of Minnesota Statutes, chapter 103I, Minnesota Rules, chapter 4725, and the conditions provided in an approved permit, and to allow inspection by the commissioner of health and/or a Minnesota Department of Health agent during regular work hours.

Name of system owner (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

### Property Owner signature

**Required if the property owner IS NOT the system owner.**

As a condition of this permit, I agree to operate and maintain this SCLHE under the provisions of Minnesota Statutes, chapter 103I, Minnesota Rules, chapter 4725, and the conditions provided in an approved permit, and to allow inspection by the commissioner of health and/or a Minnesota Department of Health agent during regular work hours.

Name of property owner (print) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_