

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	_____
TN Number	_____
Receipt Codes:	General Program (258) Disclosure Program (268)

## Variance Application

Minnesota Unique Well No. (if known) \_\_\_\_\_

Well Disclosure Certificate ID No. (if applicable) \_\_\_\_\_

The Variance Application is used to request 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 Minnesota Statutes, chapter 103I (Wells, Borings, and Underground Uses).

In cities or counties that have a Delegated Well Program, the variance application must be submitted to both the Minnesota Department of Health (MDH) and to the Delegated Well Program.

- Please print or type the requested information.
- Incomplete applications cannot be processed and will be returned to the applicant.
- Submit the completed application, the nonrefundable \$325 variance fee, site map, and 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.**

### Applicant

Applicant Name (i.e., well/boring/sewer/other owner) \_\_\_\_\_ Company Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Applicant Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Property Owner

Property Owner Name (if different from above) \_\_\_\_\_ Company Name (if applicable) \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Property Owner Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

### Contractor

Contractor Name (if applicable) \_\_\_\_\_ Company Name (if applicable) \_\_\_\_\_ Company License No. \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Contractor Email Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

## VARIANCE APPLICATION

### Well or Boring Location

County			Township Name			Property Identification No.		
Township No.	Range No.	Section No.	(Quarters – List Smallest to Largest)	Qtr	Qtr	Qtr	Gov Lot No.	
Lot No.		Block No.				Addition Name		

If your well is obstructed, inaccessible, or unlocated, **provide a complete legal description** as the variance must be recorded with the property deed. Include legal description as separate attachment, if necessary.

### Well or Boring Location Address

Street Address	City	State	ZIP Code
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### Well Information

Estimated Depth	Casing Depth	Casing Diameter	Casing Type	Drilling Method
Depth to Water		Grout Materials		

Describe Construction Methods and Anticipated Geologic Conditions.

Complete a scaled map showing the well or boring location 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.

## Variance Request Details

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Rule(s) from which variance is requested. (Cite specific rule[s].)

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Reason(s) rule cannot be met. (Include supporting evidence.)

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Alternative or additional protective measures to be taken to assure a comparable degree of protection to health or the environment.

**Please include information in the following two sections for a variance request from isolation distances.**

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Describe the age, design, size, and construction type for all existing or potential contaminant sources (such as septic systems; petroleum storage tanks; unused, unsealed wells; etc.). Include contamination sources on adjacent properties.

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Provide other relevant information, such as testing, inspection, or certification reports or data. Include a copy of any review of contamination sources by a local or state government under their applicable regulations.

## Application Requirements and Signature(s)

Variances must be obtained before work is conducted if rule requirements cannot be followed. Variances will not be granted after work is completed.

MDH will provide a letter stating whether your variance request was approved or denied. An approved variance may include specific alternative measures or conditions that must be followed in order for the variance to be valid. These alternative measures or conditions have the force of law and effect of applicable rule. Failing to comply with alternative measures and conditions may result in immediate expiration of the variance, enforcement actions, and possible penalties.

All affected parties' signatures are required, which may include the property owner(s), well owner, well contractor, sewer contractor, or others.

Applicant Name (print)	Applicant Signature	Date
Property Owner Name (print)	Property Owner Signature	Date
Contractor Name (print)	Contractor Signature	Date

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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](http://www.health.state.mn.us/communities/environment/water/wells/tw.html)).

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