

Well Management Section
 625 North Robert Street
 P.O. Box 64502
 St. Paul, Minnesota 55164-0502
 651-201-4591 or 800-383-9808
 health.wells@state.mn.us
 www.health.state.mn.us/wells



MDH Use Only	
Date Received	_____
Fee Type	_____
Fee Amount	_____
Deposit Number	_____
Mailing Date	_____

Drilling Machine and Hoist Registration

Contractor Name _____ **License No.** _____

Copy this blank form, as needed, if more than one drilling machine or hoist is being registered.

For **each** drilling machine or hoist being registered:

1. Complete a separate form,
2. Complete **all** requested information below, and
3. Submit \$75 registration fee.

Note: Water trucks cannot be registered by the Minnesota Department of Health.

Check One: \$75 Drilling Machine (215) \$75 Hoist (228)

Make of Drilling Machine or Hoist (Check One)

- | | | |
|---|--|---|
| 1. <input type="checkbox"/> Allen-Loomis | 14. <input type="checkbox"/> Gus Pech | 27. <input type="checkbox"/> Speedstar |
| 2. <input type="checkbox"/> Armstrong | 15. <input type="checkbox"/> Howell | 28. <input type="checkbox"/> Stone |
| 3. <input type="checkbox"/> Bucyrus-Erie | 16. <input type="checkbox"/> Ideco | 29. <input type="checkbox"/> Swinger |
| 4. <input type="checkbox"/> Calweld | 17. <input type="checkbox"/> Ingersol Rand | 30. <input type="checkbox"/> Walker-Neer |
| 5. <input type="checkbox"/> Chicago-Pneumatic | 18. <input type="checkbox"/> Keystone | 31. <input type="checkbox"/> Winter-Weiss |
| 6. <input type="checkbox"/> Cyclone | 19. <input type="checkbox"/> Mayhew | 32. <input type="checkbox"/> Shop Built |
| 7. <input type="checkbox"/> Davey | 20. <input type="checkbox"/> Midway | 33. <input type="checkbox"/> Other _____ |
| 8. <input type="checkbox"/> Drillmaster | 21. <input type="checkbox"/> Monitor | 34. <input type="checkbox"/> CME |
| 9. <input type="checkbox"/> Drilltech | 22. <input type="checkbox"/> Portadrill | 35. <input type="checkbox"/> Diedrich |
| 10. <input type="checkbox"/> Failing | 23. <input type="checkbox"/> Reichdrill | 36. <input type="checkbox"/> Geoprobe |
| 11. <input type="checkbox"/> Ewbank | 24. <input type="checkbox"/> Schramm | 37. <input type="checkbox"/> Semco |
| 12. <input type="checkbox"/> Franks | 25. <input type="checkbox"/> Simco | |
| 13. <input type="checkbox"/> Gardner-Denver | 26. <input type="checkbox"/> Smeal | |

Model or Size _____ **Serial Number** _____

Type of Drilling Machine or Hoist (Check One)

- | | | |
|---|--|--|
| 1. <input type="checkbox"/> Cable Tool | 5. <input type="checkbox"/> Hollow Rod | 9. <input type="checkbox"/> Sonic |
| 2. <input type="checkbox"/> Rotary | 6. <input type="checkbox"/> Jetting | 10. <input type="checkbox"/> Direct Push |
| 3. <input type="checkbox"/> Combination | 7. <input type="checkbox"/> Auger | 11. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> Reverse Circulation | 8. <input type="checkbox"/> Hoisting | |

Truck Mounted **Trailer Mounted** **Other** _____

Make of Truck _____

Make of Trailer _____

Year _____

Number of Axles _____

Number of Rear Axles _____

Title No. of Trailer _____

Title No. of Truck _____

VIN _____

VIN _____