

MDH Use Only	
Date Rcd	_____
Amount Recd	_____
Deposit #	_____
App #	_____
\$350 <10 Tons (272)	_____
\$590 10-50 Tons (273)	_____
\$815 >50 Tons (274)	_____
Date Approved	_____

Bored Geothermal Heat Exchanger (BGHE) Construction Permit Application

WELL MANAGEMENT SECTION

Read and follow the enclosed Instruction Sheet.

ALL FIELDS ARE REQUIRED. IF INCOMPLETE, APPLICATION WILL BE RETURNED.

1. Incomplete applications cannot be processed and will be returned to the applicant.
2. Make check or money order payable to the Minnesota Department of Health (MDH) or pay by credit card by completing your license application and submitting your fees at <https://mn-mdh.portal.opengov.com/>.
Credit card payments must be made through the online system; paper applications cannot pay by card.
3. Returned checks are subject to a \$30 fee per Minnesota Statutes, section 604.113, subdivision 2(a). Licenses that have been issued will be canceled.
4. Fees submitted with this application are nonrefundable per Minnesota Rules, part 4725.0350, subpart 3.
5. Mail completed application, payment, and supporting documentation to MDH's address listed at the bottom of this application or submit your application online at <https://mn-mdh.portal.opengov.com/>.

Indicate Heating/Cooling Capacity

- < 10 Tons (\$350) 10 to 50 Tons (\$590) > 50 Tons (\$815)

Applicant Information (ALL FIELDS REQUIRED)

Email Address _____

First Name _____

Last Name _____

Phone Number _____

Address _____

City _____

State _____

Zip Code _____

Licensed Well/Boring Company (ALL FIELDS REQUIRED)

Company license number _____

Company name _____

Company street address _____

Company city _____

Company state _____

Company zip _____

Company email _____
Company phone number _____

Responsible Certified Representative (ALL FIELDS REQUIRED)

Certified Rep license number _____
Certified Rep first name _____
Certified Rep last name _____
Certified Rep license expiration _____

Certified Rep Type

- Elevator Boring Contractor
- Environmental Well Contractor
- Explorer Responsible Individual
- Limited Bored Geothermal Heat Exchanger Contractor
- Limited Dewatering Well Contractor
- Limited Pump, Pitless, and Screen Contractor
- Limited Well Sealing Contractor
- Well Contractor (Full)

Property Owner

Is the property owner also the BGHE owner? (IF NO, ALL FIELDS REQUIRED UNDER BGHE OWNER BELOW)

Yes No

Property Owner information

Is the property owner a company or a person? (ALL FIELDS REQUIRED UNDER PERSON OR COMPANY)

Company

Company owner name _____
Company street address _____
Company city _____
Company state _____
Company zip _____
Company email _____
Company phone number _____
Company Contact first name _____
Company Contact last name _____
Company Contact email _____
Company contact phone number _____

BORED GEOTHERMAL HEAT EXCHANGER (BGHE) CONSTRUCTION PERMIT APPLICATION

Person

Owner first name _____

Owner last name _____

Owner street address _____

Owner city _____

Owner state _____

Owner zip _____

Owner email _____

Owner phone number _____

Is the property owner also the contact person? (IF NO, ALL FIELDS REQUIRED BELOW)

Yes No

Owner first name _____

Owner last name _____

Owner email _____

Owner phone number _____

BGHE Owner

Is the BGHE owner a company or a person? (ALL FIELDS REQUIRED UNDER PERSON OR COMPANY)

Yes No

Company

Company owner name _____

Company street address _____

Company city _____

Company state _____

Company zip _____

Person

BGHE Owner first name _____

BGHE Owner last name _____

BGHE Owner street address _____

Owner city _____

Owner state _____

Owner zip _____

Owner email _____

Owner phone number _____

BGHE Location (ALL FIELDS REQUIRED EXCEPT TOWNSHIP NAME AND PROPERTY IDENTIFICATION NUMBER)

County _____ Township Name _____ Township Number _____
Property Identification Number _____ Range Number _____
Section Number _____ Quarter _____

Is the BGHE location have an assigned address? (ALL FIELDS REQUIRED UNDER YES OR NO)

Yes No

If Yes, complete all the fields below

BGHE street address _____
BGHE city _____
BGHE state _____
BGHE zip _____

If No, complete all the fields below

Describe BGHE Location _____

BGHE city _____
BGHE state _____
BGHE zip _____

BGHE Construction Detail (ALL FIELDS REQUIRED)

Heating/Cooling Capacity

What is the heating/cooling capacity?

Less than 10 tons 10-50 tons Greater than 50 tons

What is the name of the driller? _____

What is the name of the heat pump installer? _____

Construction Detail (ALL FIELDS REQUIRED)

Type of bore hole(s) Directionally drilled Vertical

Drilling Method Cable tool Jetted Rotary Other _____

Number of pipe loops per bore hold - enter range if varying _____

Anticipated depth, in fee, to bedrock _____

Are flowing artesian conditions expected? Yes No

Details of Products (ALL FIELDS REQUIRED. IF ASTM, STANDARD DETAIL REQUIRED)

Type of piping used ASTM ASTM Standard Detail _____
 High density polyethylene PEXs

What grout type will be used? Select all that apply. (AT LEAST 1 GROUT TYPE MUST BE ANSWERED)

Bentonite Cement sand Neat cement Thermally enhanced bentonite

What is the marking method? Select all that apply. (AT LEAST 1 MARKING METHOD MUST BE ANSWERED)

Tracer wire Underground marking tape Ferromagnetic metal markers

What heat transfer fluid was used? (AT LEAST 1 MUST BE CHECKED AND ANSWERED)

Ethanol-water solution What is the product name of the heat transfer fluid? _____

Potable water What is the proposed system operating pressure? _____

Propylene glycol What is the product name of the heat transfer fluid? _____

What is the proposed system operating pressure? 0-10 psi 11-20 psi

21-30 psi 31-40 psi 41-50 psi 51-60 psi 61-70 psi

Propylene glycol (with additives) What is the product name of the heat transfer fluid? _____

What is the proposed system operating pressure? 0-10 psi 11-20 psi

21-30 psi 31-40 psi 41-50 psi 51-60 psi 61-70 psi

Expected Geologic Material (AT LEAST 1 MUST BE CHECKED AND ANSWERED)

Basalt Boulders Carbonate rock Clay Course gravel Course sand Cobbles

Fine gravel Fine sand Gabbro Glacial deposits Gneiss Granite Iron formation

Medium sand Metavolcanic Quartzite Sandstone Schist Silt Siltstone

Slate Soil Very course sand Volcanic

Contractor Agreement

For agreement review, please see Ch. 103I MN Statutes and MN Rules Chapter 4725.

As a condition of this permit, I agree to construct this BGHE under the provisions of Minnesota Statutes, chapter 103I and Minnesota Rules, chapter 4725. (required) *

Signature _____

Location(s) of the BGHE bore hole(s) on a site plan diagram

The site plan diagram must show property lines and structures. Include locations of water-supply wells, power lines, gas lines, and LP tanks with distances to the BGHE.

Upload a signed copy of the property owner agreement

<https://www.health.state.mn.us/communities/environment/water/docs/wells/bghepropownsigsig.pdf>

Please download and print the document linked above, then have the property owner sign the document. Send with completed application

Tennessee Warning and Signature (REQUIRED)

For individuals applying for MDH credentials

Minnesota Statute, section 270C.72, subdivision 4, requires you to submit your social security number before MDH can issue a credential to you.

For companies applying for an MDH credential

Minnesota Statute, section 270C.72, subdivision 4, requires you to supply your Minnesota business identification number and your social security number before MDH issues a credential to you. Minnesota Statutes, section 176 also requires you to provide the information concerning Workers Compensation Insurance or your permit to self-insure.

For all applicants

MDH uses the information you provide on an application to determine if you meet the requirements for an MDH credential. You are not required to provide any of the requested information. However, if you do not provide the requested information, MDH will be unable to process your application. If you submit false information, MDH will deny your application or suspend, revoke, or take other disciplinary action against your credential after issuing it.

MDH will not disclose the information on your application to others during the application process. MDH may disclose it to others, including the Attorney General’s Office and persons contacted for purposes of verification or investigation, if required by law. MDH will provide information on the application, including your social security number, to the Minnesota Department of Revenue at its request. If anyone contests your credential, the information on your application may become public. Once MDH issues your credential, all information in the application becomes public, except your social security number, which remains private.

I understand MDH's Tennessee Warning and will provide true and complete information in this application. I also understand that submitting false information allows MDH to deny, suspend, revoke or take other action against this license.

Name (Print) _____ Date _____

Signature _____ Date _____

Minnesota Department of Health
Well Management Section
PO Box 64502
St. Paul, MN 55164-0502
651-201-4600
health.wells@state.mn.us
www.health.state.mn.us

03/11/2026

To obtain this information in a different format, call: 651-201-4600.