

Well Management Section
625 North Robert Street
P.O. Box 64975
St. Paul, Minnesota 55164-0975
651-201-4600 or 800-383-9808
health.wells@state.mn.us
www.health.state.mn.us/wells



Limited Bored Geothermal Heat Exchanger Contractor Qualification Application

Constructing, repairing, and sealing bored geothermal heat exchangers (BGHE) in the state of Minnesota requires a license from the Minnesota Department of Health (MDH).

The licensing process consists of three major steps:

1. Submitting a qualification application,
2. Passing a written examination, and
3. Submitting a license application and a certified representative application.

Carefully complete the enclosed qualification application and supplement. Arrange to have the reference letters completed and returned to MDH Well Management Section. Mail the application to the address listed at the top of the application, along with a check made payable to MDH for the nonrefundable application fee. An incomplete application or an improperly completed application will be returned to you and may cause a delay in the licensing process.

You will be notified by mail if you are eligible to schedule the written examination. Study materials to aid you in preparing for the written examination will be sent to you with information to schedule the written examination. It is recommended that you read these materials carefully. You must pass the written examination within one year of being notified. If you are not eligible to schedule the written examination, you will be contacted by phone to discuss the reasons your application was not accepted.

Upon passing the written examination, MDH will send you the *Certified Representative Original Application* and *Company Original License Application* forms. You must complete the licensing process within one year of passing the written examination. You must submit the completed applications, pay the nonrefundable license fee, pay the fee to register drilling machines and hoists, and provide evidence of a corporate surety bond to complete the licensing process. A bond of \$10,000 is required for applicants for a BGHE license. This license bond is required in addition to any other bonds that the licensee may hold (such as a bond for a plumbing business). Individuals licensed in multiple limited well and boring contractor categories will need only one bond.

Each certified representative of a licensee will also have to obtain two contact hours of continuing education from an MDH-provided or MDH-sponsored program, beginning in the first full year of certification.

(Over)

**LIMITED BORED GEOTHERMAL HEAT EXCHANGER CONTRACTOR
QUALIFICATION APPLICATION**

Certified Representative Experience Requirements

According to Minnesota Rules, part 4725.0650, subpart 7a, an applicant certifying as a representative for a limited well/boring license to construct, repair, or seal BGHEs has two experience options.

The first option is to have three years of experience related to the construction, repairing, and sealing of BGHEs. A year of experience is a year in which the applicant:

1. Constructed at least three permitted BGHE systems,
2. Constructed at least 2,000 feet of BGHE bore hole, and
3. Worked at least 500 hours designing, constructing, or field supervising the construction, repair, or sealing of BGHEs.

The experience must have been obtained under the supervision of a licensed well contractor or licensed BGHE contractor, unless the experience was obtained during directionally drilling BGHE systems that were not regulated by MDH at the time of construction. Experience on unregulated systems counts towards an applicant's experience, whether the experience was obtained under the supervision of a licensed well contractor or licensed BGHE contractor.

The second option is to have three years of experience related to construction, repairing, and sealing of water-supply wells; and be accredited by the International Ground Source Heat Pump Association or certified by the National Ground Water Association as a ground source heat pump driller or installer, or equivalent. A year of experience is a year in which the applicant:

1. Constructed at least ten water-supply wells, and
2. Worked at least 1,000 hours constructing, repairing, or sealing wells.

The experience must have been obtained under the supervision of a licensed well contractor.

To obtain this information in a different format call 651-201-4600.
License\Qualifications\Letter BGHE 03/26/2021R

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

Qualification Application for Certified Representative or Explorer Responsible Individual

Read and follow the enclosed Instruction Sheet.

1. Read the Tennessee Warning information **on the last page**.
2. Make check or money order payable to the Minnesota Department of Health (MDH) or pay by credit card using the enclosed Credit Card Payment Information form.
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 above.

Well Management Section Certification Types

Designate the type of certification for which you are applying by putting an "X" in the appropriate square. A separate application must be filled out and submitted for each certification request.

- | | |
|--|--|
| <input type="checkbox"/> \$75 Bored Geothermal Heat Exchanger Contractor (233) | <input type="checkbox"/> \$75 Explorer Responsible Individual (225) |
| <input type="checkbox"/> \$75 Dewatering Well Contractor (211) | <input type="checkbox"/> \$75 Pump, Pitless, and Screen Contractor (365) |
| <input type="checkbox"/> \$75 Elevator Boring Contractor (221) | <input type="checkbox"/> \$75 Well Sealing Contractor (251) |
| <input type="checkbox"/> \$75 Environmental Well Contractor (362) | <input type="checkbox"/> \$75 Well Contractor (253) |

Applicant Information

First Name	Middle Name	Last Name	
Street Address	City	State	ZIP Code
Telephone Number (including area code)		Business Telephone Number (including area code)	
Email			

Special Accommodations

Under certain conditions, the department will provide special accommodations in test facilities or the test process. Applicants may be required to present verification of the need for special accommodations. If you need special accommodations, describe the type needed below.

Social Security Number

Provide Social Security Number: _____ . **Why we ask for it.** Under Minnesota law (Minnesota Statutes, section 270C.72, subdivision 4) the agency issuing you this certification is required to provide to the Minnesota Commissioner of Revenue your Social Security Number.

(Over)

List Education Related to Certification for Which you are Applying

High School, College, University, Technical or Vocational School		Dates of Attendance		Certificate or Degree Received (AA, BS, etc.)	Title of Programs or Subjects Taken
Name	Location	From	To		

List Experience Related to Certification for Which you are Applying

Organization:		Location:		Length of Experience	
Position:		Supervisor:		% of Time	
Major Activities: 1.					From To Mo./Yr. Mo./Yr.
2.					<input type="checkbox"/> Full-time
3.					<input type="checkbox"/> Part-time
4.					Hrs./Yr. _____
Organization:		Location:		Length of Experience	
Position:		Supervisor:		% of Time	
Major Activities: 1.					From To Mo./Yr. Mo./Yr.
2.					<input type="checkbox"/> Full-time
3.					<input type="checkbox"/> Part-time
4.					Hrs./Yr. _____

Attach additional sheets if necessary. Be sure to include all information requested above.

Tennessee Warning and Signature

I certify that all information provided for certification is accurate and complete. I also understand that submitting false information allows MDH to deny, suspend, revoke, or take other action against this certification. I understand MDH's Tennessee Warning, which is available by calling 651-201-4600 or on MDH Well Management Section's website at:

Tennessee Warning (www.health.state.mn.us/communities/environment/water/wells/tw.html).

Name (Print) _____ Date _____

Signature _____ Date _____

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Limited Bored Geothermal Heat Exchanger Contractor Qualification Application Supplement

License/Registered Information

Is the applicant licensed or registered to construct bored geothermal heat exchangers (BGHEs) or do well contracting work in other states? Yes No

If yes, list state(s), the regulating state agency name (e.g., Wisconsin DNR), and license or registration number.

State	Regulating State Agency	License or Registration Number

Experience and Certification

Eligible experience for GBHE representative work includes construction, repair, or sealing of BGHEs or water-supply wells.

If you are using your experience constructing BGHEs:

Month and year you started constructing, repairing, or sealing BGHEs. _____

Percent of your work time spent constructing, repairing, or sealing BGHEs. _____

Estimate the total number of BGHE systems you have personally constructed, repaired, or sealed. _____

Estimate the total loop footage you have personally constructed, repaired, or sealed. _____

If you are using your experience constructing water-supply wells:

Month and year you started constructing, repairing, or sealing water-supply wells. _____

Percent of your work time spent constructing, repairing, or sealing water-supply wells. _____

Estimate the total number of water-supply wells you have personally constructed, repaired, or sealed. _____

Are you accredited by the International Ground Source Heat Pump Association or certified by the National Ground Water Association? Yes No

If yes, please provide your accreditation/certification number and date of accreditation/certification. _____

Experience (continued)

In accordance with Minnesota Rules, part 4725.0650, subpart 7a, an applicant to be a representative for limited bored geothermal heat exchanger contractor licensed to construct, repair, and seal bored geothermal heat exchangers must have three years of experience related to the construction, repair and sealing of bored geothermal heat exchangers or water-supply wells. If the experience is related to construction, repair, and sealing of water-supply wells, the applicant must also be accredited by the International Ground Source Heat Pump Association or certified by the National Ground Water Association as a ground source heat pump installer or have equivalent certification.

Provide the information requested for each calendar year of experience. If you are using your experience as a bored geothermal heat exchanger contractor, list three permitted systems installed by you for each of three years. If you are using your experience as a well contractor, list ten water-supply wells for each of three years.

If the experience was gained in another state, or prior to the existence of the 1974 Minnesota Well Code, attach additional sheets listing the following information or submit records from the state of jurisdiction for each bored geothermal heat exchanger system constructed or for each water-supply well constructed: name, address, city, state, ZIP code, construction method, grouting method, depth, and date constructed.

Bored Geothermal Heat Exchangers or Water-Supply Wells for the Year 20_____

Well/Boring No.	MN Unique Well No.	BGHE No.	Supervising Well Contractor License No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

LIMITED BGHE CONTRACTOR QUALIFICATION APPLICATION SUPPLEMENT

Bored Geothermal Heat Exchangers or Water-Supply Wells for the Year 20_____

Well/Boring No.	MN Unique Well No.	BGHE No.	Supervising Well Contractor License No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

Bored Geothermal Heat Exchangers or Water-Supply Wells for the Year 20_____

Well/Boring No.	MN Unique Well No.	BGHE No.	Supervising Well Contractor License No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

References

Provide the names and addresses of three individuals the applicant has previously been employed by, or the names and addresses of three individuals with knowledge of the applicant's experience relating to the construction, repair, and sealing of bored geothermal heat exchangers or wells. It is desirable (but not required) that one of your three references be a licensed individual who is familiar with your work.

Reference Number 1

Name Email Address

Address

City State ZIP Code Telephone Number

Reference Number 2

Name Email Address

Address

City State ZIP Code Telephone Number

Reference Number 3

Name Email Address

Address

City State ZIP Code Telephone Number

Arrange for the three attached reference letters to be sent to the Minnesota Department of Health by those listed above. All three letters must be received before your application is reviewed.

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Reference Letter — Limited Bored Geothermal Heat Exchanger Contractor

To _____ Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for a limited well/boring contractor license to construct, repair, and seal bored geothermal heat exchangers. The applicant has listed your name as an individual familiar with the applicant's work and character. Answers to the following questions are important on behalf of the applicant. Answer all questions to the best of your ability. **Type or print in ink and return this questionnaire promptly to the address listed above.** Providing false information about the applicant may result in enforcement actions being taken against you.

1. Did the applicant personally construct, repair, or seal bored geothermal heat exchangers for you or your company? Yes No
2. Was the work satisfactory? Yes No
3. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)? Yes No
4. Has the applicant been employed by you for work constructing, repairing, or sealing bored geothermal heat exchangers? Yes No
5. If you answered yes to Number 4, how long was the applicant employed by you? ____ Years ____ Months
6. Do you hold a current well contractor license or a limited bored geothermal heat exchanger contractor license from MDH? Yes No
7. May we contact you by phone? Yes No Telephone Number _____
(include area code)

Signature

Print Name Signature Date

Remarks

Attach additional sheet if necessary.

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Signature

Print Name Signature Date

Remarks

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4. Has the applicant been employed by you for work constructing, repairing, or sealing bored geothermal heat exchangers? Yes No
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6. Do you hold a current well contractor license or a limited bored geothermal heat exchanger contractor license from MDH? Yes No
7. May we contact you by phone? Yes No Telephone Number _____
(include area code)

Signature

Print Name Signature Date

Remarks

Attach additional sheet if necessary.

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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.

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
- Well Construction Notification
- Well Sealing Notification

Credit Card Information

Credit Card Type: Visa MasterCard Discover Expiration Date: _____

Total Amount to be Charged: _____

Cardholder Name: _____

Credit Card Number: _____

3-Digit Security Code (Printed on backside of card.): _____

I understand Minnesota Department of Health's Tennessen Warning for credit card use is available by calling 651-201-4600 or on Well Management Section's website at:

Tennessen Warning (www.health.state.mn.us/communities/environment/water/wells/tw.html).

Authorized Signature: _____