

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 \_\_\_\_\_  
Application Number \_\_\_\_\_  
\$350 BGHE < 10 Tons (272) \_\_\_\_\_  
\$590 BGHE 10 to 50 Tons (273) \_\_\_\_\_  
\$815 BGHE > 50 Tons (274) \_\_\_\_\_  
Date Approved \_\_\_\_\_

## Bored Geothermal Heat Exchanger (BGHE) Construction Permit Application

- Please print or type the requested information.
- Incomplete applications cannot be processed and will be returned to the applicant.
- Submit the completed application, the appropriate nonrefundable application fee, site plan, and required 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.**

### Indicate Heating/Cooling Capacity

< 10 Tons – \$350       10 to 50 Tons – \$590       > 50 Tons – \$815

### Licensed Well or BGHE Contractor

\_\_\_\_\_  
Certified Representative Name Certified Representative No.

\_\_\_\_\_  
Company Name Company License No.

\_\_\_\_\_  
Email or Mailing Address Where Approved Permit Should be Delivered Telephone No.

### BGHE Location

\_\_\_\_\_  
County Township Name Property Identification No.

\_\_\_\_\_  
Township No. Range No. Section No. Qtr

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

### Property Owner

(If BGHE Owner is different, provide BGHE Owner name, address, and email address on an attached sheet.)

\_\_\_\_\_  
Property Owner Name Contact Person

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

\_\_\_\_\_  
Property Owner Email Address Telephone Number

**BGHE Construction Detail**

Vertical Bore Hole(s)       Directionally Drilled Bore Hole(s)

**Number of Bore Holes** \_\_\_\_\_ **Number of Pipe Loops per Hole** \_\_\_\_\_

**Bore Hole Depth(s)** \_\_\_\_\_ **Anticipated Depth to Bedrock** \_\_\_\_\_

**Bore Hole Length(s)** (For directionally drilled bore hole[s].) \_\_\_\_\_

**Geologic materials expected to be encountered by borings.** \_\_\_\_\_

**Flowing artesian conditions expected?**  Yes     No

**Piping:**  High Density Polyethylene     PEXa    ASTM Standard \_\_\_\_\_ Diameter(s) \_\_\_\_\_

**Grout:**  Neat Cement     Cement Sand     Thermally Enhanced Bentonite     Bentonite

Bentonite or Thermally Enhanced Bentonite Product Name \_\_\_\_\_

Enhancement Material (for Thermally Enhanced Bentonite):  Sand     Graphite

**Marking Method:**  Tracer Wire     Underground Marking Tape     Ferromagnetic Metal Markers

**Heat Transfer Fluid:**  Potable Water     Propylene Glycol     Ethanol-Water Solution (<=20% ethanol)

Propylene Glycol with Additives (Must be NSF HT1 Certified.)

Product Name (if not potable water) \_\_\_\_\_

For Ethanol Products – **Attach a complete list** of product ingredients and concentrations.

**System Operating Pressure** (psi) \_\_\_\_\_

**BGHE Location Site Plan**

The location(s) of the BGHE bore hole(s) must be provided on an attached site plan diagram. The 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.

**Certified Representative Signature**

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.

\_\_\_\_\_  
Certified Representative Name (print)      Certified Representative Signature      Date

**Property Owner Signature**

As a condition of this permit, I agree to operate and maintain this BGHE under the provisions of Minnesota Statutes, chapter 103I and Minnesota Rules, chapter 4725 and to allow inspection by the commissioner of health or his/her agent during regular work hours.

\_\_\_\_\_  
Property Owner Name (print)      Property Owner Signature      Date

Information provided on this form is classified as public information under Minnesota Statutes, chapter 13.  
To obtain this information in a different format call 651-201-4600.  
Publications\Form BGHE Construction Permit Application    07/01/2025R

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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 \_\_\_\_\_