

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	_____
\$325/Boring (222)	_____
Date Approved	_____

Elevator Boring 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 map, construction details, and signature.
- 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.**

Permit Application Fee

A \$325 permit application fee is required for each elevator boring.

Boring Information	Boring No. 1	Boring No. 2	Boring No. 3
MN Unique Well No.			
Depth			

Elevator 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				

Elevator Boring Location Address

Street Address	City	State	ZIP Code
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Site Map and Additional Elevator Boring Construction Details

Attach map identifying each elevator boring location including distance and direction from nearest road intersection.

For elevator borings constructed through a CONFINING LAYER or into BEDROCK, submit the following information on a separate sheet of paper: hole diameter, grout material, drilling method, grouting method, casing materials, cross-sectional diagram of boring, and cross-section of anticipated geologic formations.

Elevator Boring Contractor or Well Contractor Company

Elevator Boring Contractor or Well Contractor Company Company License No.

Contact Person Telephone No.

Email or Mailing Address Where Approved Permit Should be Delivered Fax No. to Send Permit

Elevator Boring Owner

Elevator Boring Owner Name Contact Person

Street Address City State ZIP Code

Elevator Boring Owner Email Address Telephone No.

Property Owner

Property Owner Name Contact Person

Street Address City State ZIP Code

Property Owner Email Address Telephone No.

Certified Representative Signature

I certify that all the information provided in this application is true and complete. I understand that misstatement of facts may result in forfeiture of all rights to licensure as an elevator boring contractor or well contractor in accordance with Minnesota Statutes, chapter 103I.

Elevator Boring or Well Contractor Certified Representative Name (print) License No.

Elevator Boring or Well Contractor Certified Representative 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 Elevator Boring 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).

Authorized Signature _____ Date _____