

MDH Use Only	
Date Rcd	_____
Amount Recd	_____
Deposit #	_____
App #	_____
Date Approved	_____
\$350 (20 gpm or less) (272)	
\$590 (over 20 gpm) (273)	

Permit Application to Operate a Groundwater Thermal Exchange Device (GTED)

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 Capacity

- 20 gallons/minute or less (\$350) over 20 gallons/minute (\$590)

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 type _____

Company street address _____

Company city _____

Company state _____

Company zip _____
Company email _____
Company phone number _____

GTED Construction Details (ALL FIELDS REQUIRED)

What is the status of the wells that will be used for this GTED?

- Existing wells only Proposed wells only Both existing and proposed wells
- For existing wells: You will be required to submit all existing well construction record(s) along with this form. If the GTED system utilizes existing wells, you will need to provide the 6-digit unique well number for each well.
 - For proposed wells: Please use estimated depths, sizes, and dates for your proposed well(s). This information can be obtained from the licensed well contractor.

GTED Location (ALL FIELDS REQUIRED)

Is property owner a person or company?

Person
Owner first name _____
Owner last name _____

Company
Company owner name _____

Township Number _____ Range Number _____ Section Number _____

Does the well have a street address? Yes No

If Yes, complete all the fields below

Well street address _____
Well city _____
Well state _____
Well zip _____
Well county _____

If No, complete all the fields below

Location address description _____

Well city _____
Well state _____
Well zip _____
Well county _____

GTED Supply well (ALL FIELDS REQUIRED)

Well Information	Existing Supply Well	Proposed Supply Well
Unique Well Number		
Supply well location city		
Supply well depth in feet		
Supply well hole diameter in inches		
Supply well casing diameter in inches		
Supply well casing depth in feet		
Supply well construction date		
Initializer ID (IWB Number)		
Supply well 3 rd quarter (largest)		

GTED ReInjection well (ALL FIELDS REQUIRED)

Well Information	Existing ReInjection Well	Proposed ReInjection Well
Unique Well Number		
Reinjection well location city		
Reinjection well depth in feet		
Reinjection well hole diameter in inches		
Reinjection well casing diameter in inches		
Reinjection well casing depth in feet		
Reinjection well construction date		
Initializer ID (IWB Number)		
Reinjection well 3 rd quarter (largest)		

Heat Pump Unit Description (ALL FIELDS REQUIRED)

What is the heat pump manufacturer’s name? _____

Model number _____

Maximum flow rate (g.p.m.) _____

Installation date _____

What is the name of the heat pump installer? _____

Water Withdrawal Information (ALL FIELDS REQUIRED)

What is the use purpose?

- Cooling only Heating only Heating and cooling

Total Amount of Water to be reinjected into the aquifer - gallons per year (g.p.y.) _____

Proposed pumping schedule (ALL FIELDS REQUIRED)

Rate - gallons per minute (g.p.m.) _____

Months of operation

Start month _____ End month _____

Duration

Days per month _____ Months per year _____ Hours per day _____

Estimated calculated gallons per year (g.p.y.) _____

Responsible Certified Representative (ALL FIELDS REQUIRED)

Certified Rep license number _____

Certified Rep first name _____

Certified Rep last name _____

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)

Certified Rep license expiration _____

Certified Rep email _____

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.

PERMIT APPLICATION TO OPERATE A GROUNDWATER THERMAL EXCHANGE DEVICE (GTED)

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 Tennessen 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.