

MDH Use Only	
Date Rcd	_____
Amount Recd	_____
Deposit #	_____
Date Approved	_____
\$325 (Fee Code 222)	_____

# Elevator Boring 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/>.

## Application Fee

Elevator Boring Permit Fee \$325 **per boring**

## Applicant Information **(ALL FIELDS REQUIRED)**

Email Address \_\_\_\_\_

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

## Elevator Boring Notification **(ALL FIELDS REQUIRED)**

Unique well number \_\_\_\_\_

**Does the well have a street address? (IF NO, DESCRIBE THE LOCATION IN THE FIELD BELOW)**

Yes  No

County \_\_\_\_\_

Township number \_\_\_\_\_ Range number \_\_\_\_\_ Section number \_\_\_\_\_

Describe the location \_\_\_\_\_

**Street Address of the well number** (ALL FIELDS REQUIRED IF STREET ADDRESS)

Well(s) location street address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

**Property Owner information** (ALL FIELDS REQUIRED UNDER PERSON OR COMPANY)

Does the property owner have the same address as the well?  Yes  No

**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 \_\_\_\_\_

**Person**

Owner first name \_\_\_\_\_

Owner last name \_\_\_\_\_

Owner street address \_\_\_\_\_

Owner city \_\_\_\_\_

Owner state \_\_\_\_\_

Owner zip \_\_\_\_\_

Owner email \_\_\_\_\_

Owner phone number \_\_\_\_\_

**Elevator Boring Detail** (ALL FIELDS REQUIRED)

Unique well number \_\_\_\_\_

Third quarter – largest  NE  NW  SE  SW

Anticipated Boring depth in feet \_\_\_\_\_ Anticipated Boring diameter in inches \_\_\_\_\_

Unique well number \_\_\_\_\_

Third quarter – largest  NE  NW  SE  SW

Anticipated Boring depth in feet \_\_\_\_\_ Anticipated Boring diameter in inches \_\_\_\_\_

Unique well number \_\_\_\_\_

Third quarter – largest  NE  NW  SE  SW

Anticipated Boring depth in feet \_\_\_\_\_ Anticipated Boring diameter in inches \_\_\_\_\_

**Licensed Well/Boring Company (ALL FIELDS REQUIRED)**

Company license number \_\_\_\_\_

Company name \_\_\_\_\_

Company street address \_\_\_\_\_

Company city \_\_\_\_\_

Company state \_\_\_\_\_

Company zip \_\_\_\_\_

Company license expiration date \_\_\_\_\_

**Company Type**

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

**Responsible Certified Representative (ALL FIELDS REQUIRED)**

Certified Rep license number \_\_\_\_\_

Certified Rep first name \_\_\_\_\_

Certified Rep last name \_\_\_\_\_

Certified Rep license expiration \_\_\_\_\_

Certified Rep license expiration date \_\_\_\_\_

**Certified Rep Type**

- Elevator Boring Contractor
- Environmental Well Contractor
- Explorer Responsible Individual
- Limited Bored Geothermal Heat Exchanger Contractor
- Limited Dewatering Well Contractor

ELEVATOR BORING PERMIT APPLICATION

- Limited Pump, Pitless, and Screen Contractor
- Limited Well Sealing Contractor
- Well Contractor (Full)

**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](mailto:health.wells@state.mn.us)  
[www.health.state.mn.us](http://www.health.state.mn.us)

03/11/2026

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