

Well Management Section
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



Permit No.: SL_____

Submerged Closed Loop Heat Exchanger System Installation Record

The system owner must submit a SCLHE system installation record (an “as-built” record) to the commissioner within 60 days of the date of the first successful SCLHE system pressure test.

Email completed record to health.wells@state.mn.us or mail to address listed above.

Licensed Well Contractor

Certified Representative Name

Certified Representative No.

Company Name

Company License No.

Street Address

City

State

ZIP Code

Email

Telephone Number

System Owner

Name

Contact Person

Street Address

City

State

ZIP Code

Email

Telephone Number

Specifications (attach additional sheets as necessary)

Heat transfer fluid additives (must be ANSI/NSF-60 certified):

Product Name	Product Manufacturer	Maximum Concentration approved for use

SCLHE supply/return (in-well) and lateral piping specifications:

Provide specifications used for in-well piping and connections and lateral piping and connections from the well to the building as an attachment to the record. Include an attachment showing the diameter, material type and corresponding standard, wall thickness (SDR or Schedule), and pressure ratings.

SCHLE unit specifications:

Provide specifications for the heat exchanger unit installed in the water-supply well(s) as an attachment to the record. Include an attachment showing the diameter, types of materials composing the heat exchanger and their corresponding standards, and pressure rating.

Maximum SCHLE system design operating pressure (psi): _____

Submersible pump:

Provide specifications for the submersible pump installed in the water-supply well(s) as an attachment to the record. Include an attachment showing the make and model.

Maximum design flow rate (gpm): _____

Types of seals or packers installed in the water-supply well(s):

Pitless unit make and model: _____

Attachments

- Provide a copy of the pressure test record from the first successful pressure test.
- Provide cross-sectional diagrams of each well in the SCLHE system. One diagram may be submitted if the well construction, SCLHE piping, and SCLHE unit installation are the same. A cross-sectional diagram must include:
 - The Minnesota unique well number;
 - The geology observed during well construction, including depth intervals and the description of materials or formations;
 - Well construction information, including: the total well depth, the casing depth, the borehole diameter, the casing diameter, the grouting material, the grouting intervals, the gravel packed interval and screened interval (if applicable), and the pitless unit installation depth and diameter;
 - The static water level measured in the well
 - The installation information in the well, including: depth and length of the SCLHE in-well piping, depth and length of the SCHLE unit, depths of the seals or packers, and depth of the submersible pump.

Certification

Well Contractor Certified Representative Signature

This SCLHE system was installed under my jurisdiction and the provisions of Minnesota Statutes, chapter 103I, and Minnesota Rules, chapter 4725. The information provided in this record is true to the best of my knowledge and belief.

Certified Representative Name (print)

Certified Representative Signature

Date

SCLHE System Owner Signature

This SCLHE system was installed under the provisions of Minnesota Statutes, chapter 103I, and Minnesota Rules, chapter 4725. The information provided in this record is true to the best of my knowledge and belief.

System Owner Name (print)

System Owner Signature

Date