

Well Management Section  
 625 North Robert Street  
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 651-201-4591 or 800-383-9808  
 health.wells@state.mn.us  
 www.health.state.mn.us/wells



MDH Use Only	
Date Received	_____
Fee Type	_____
Fee Amount	_____
Deposit Number	_____
Mailing Date	_____

## Drilling Machine and Hoist Registration

**Contractor Name** \_\_\_\_\_ **License No.** \_\_\_\_\_

Copy this blank form, as needed, if more than one drilling machine or hoist is being registered.

For **each** drilling machine or hoist being registered:

1. Complete a separate form,
2. Complete **all** requested information below, and
3. Submit \$75 registration fee.

**Note:** Water trucks cannot be registered by the Minnesota Department of Health.

**Check One:**    \$75 Drilling Machine (215)    \$75 Hoist (228)

### Make of Drilling Machine or Hoist (Check One)

- |   |  |   |
|---|--|---|
| 1. <input type="checkbox"/> Allen-Loomis      | 14. <input type="checkbox"/> Gus Pech      | 27. <input type="checkbox"/> Speedstar    |
| 2. <input type="checkbox"/> Armstrong         | 15. <input type="checkbox"/> Howell        | 28. <input type="checkbox"/> Stone        |
| 3. <input type="checkbox"/> Bucyrus-Erie      | 16. <input type="checkbox"/> Ideco         | 29. <input type="checkbox"/> Swinger      |
| 4. <input type="checkbox"/> Calweld           | 17. <input type="checkbox"/> Ingersol Rand | 30. <input type="checkbox"/> Walker-Neer  |
| 5. <input type="checkbox"/> Chicago-Pneumatic | 18. <input type="checkbox"/> Keystone      | 31. <input type="checkbox"/> Winter-Weiss |
| 6. <input type="checkbox"/> Cyclone           | 19. <input type="checkbox"/> Mayhew        | 32. <input type="checkbox"/> Shop Built   |
| 7. <input type="checkbox"/> Davey             | 20. <input type="checkbox"/> Midway        | 33. <input type="checkbox"/> Other _____  |
| 8. <input type="checkbox"/> Drillmaster       | 21. <input type="checkbox"/> Monitor       | 34. <input type="checkbox"/> CME          |
| 9. <input type="checkbox"/> Drilltech         | 22. <input type="checkbox"/> Portadrill    | 35. <input type="checkbox"/> Diedrich     |
| 10. <input type="checkbox"/> Failing          | 23. <input type="checkbox"/> Reichdrill    | 36. <input type="checkbox"/> Geoprobe     |
| 11. <input type="checkbox"/> Ewbank           | 24. <input type="checkbox"/> Schramm       | 37. <input type="checkbox"/> Semco        |
| 12. <input type="checkbox"/> Franks           | 25. <input type="checkbox"/> Simco         |   |
| 13. <input type="checkbox"/> Gardner-Denver   | 26. <input type="checkbox"/> Smeal         |   |

**Model or Size** \_\_\_\_\_ **Serial Number** \_\_\_\_\_

### Type of Drilling Machine or Hoist (Check One)

- |   |  |  |
|---|--|--|
| 1. <input type="checkbox"/> Cable Tool          | 5. <input type="checkbox"/> Hollow Rod | 9. <input type="checkbox"/> Sonic        |
| 2. <input type="checkbox"/> Rotary              | 6. <input type="checkbox"/> Jetting    | 10. <input type="checkbox"/> Direct Push |
| 3. <input type="checkbox"/> Combination         | 7. <input type="checkbox"/> Auger      | 11. <input type="checkbox"/> Other _____ |
| 4. <input type="checkbox"/> Reverse Circulation | 8. <input type="checkbox"/> Hoisting   |  |

**Truck Mounted**       **Trailer Mounted**       **Other** \_\_\_\_\_

Make of Truck \_\_\_\_\_

Make of Trailer \_\_\_\_\_

Year \_\_\_\_\_

Number of Axles \_\_\_\_\_

Number of Rear Axles \_\_\_\_\_

Title No. of Trailer \_\_\_\_\_

Title No. of Truck \_\_\_\_\_

VIN \_\_\_\_\_

VIN \_\_\_\_\_