

Well Management Section
625 North Robert Street
P.O. Box 64502
St. Paul, Minnesota 55164-0502
651-201-4591 or 800-383-9808
health.wells@state.mn.us
www.health.state.mn.us/wells



Well Contractor Qualification Application

Constructing, repairing, installing pumps in, and sealing wells or borings of any type in the state of Minnesota requires licensure by the Minnesota Department of Health (MDH).

The licensing process consists of three steps, to be completed in order:

1. Submitting a qualification application,
2. Passing a written examination, and
3. Submitting a license application.

In addition, each successful licensee will have to pay the license fee, and pay the fee to register drilling machines and hoists, and provide evidence of a corporate surety bond. A bond of \$25,000 is required for applicants for a well contractor license. This license bond is required in addition to any other bonds that the licensee may hold (such as a bond for a plumbing business). Each licensed individual will also have to obtain **six** contact hours of MDH-approved continuing education annually. **Two of the six** contact hours must be from an MDH-provided or MDH-sponsored program, beginning in the first **full** year of licensure.

Carefully complete the application, and arrange to have the reference letters completed and returned to MDH, Well Management Section. An incomplete application or an improperly completed application will be returned to you and may cause a delay in the licensing process. Mail the application to the address listed at the top of the application.

You will be notified by mail when you are eligible to schedule the written examination. Study materials to aid you in preparation for the written examination will be sent to you with your notification to schedule the written examination. It is recommended that you read these materials carefully. You must pass the written examination within one year of being notified. You must then complete the licensing process within one year of passing the examination. Should you have any questions, please contact the Well Management Section at 651-201-4591.

Requirements

In accordance with Minnesota Rules, part 4725.0650, subpart 1, an applicant to be a representative for a well contractor licensed to construct, repair, and seal wells or borings of any type; and to install a pump or pumping equipment, must have four years of experience. A year of experience is a year in which the applicant personally, and under the supervision of a licensed well contractor, drilled a minimum of ten wells and was drilling wells, sealing wells, and performing other contracting work for 1,000 hours. An applicant with experience prior to 2006 must drill a minimum of five wells per year of experience. An applicant drilling 1,000 hours

(Over)

Requirements (continued)

per year and completing fewer than ten wells per year may qualify if the experience is gained in constructing one or more large diameter wells (casing outer diameter of 10 inches or more) with a cumulative depth of 700 feet. Supervision of a drilling operation shall not be considered as an equivalent to personally drilling a well.

Once the application has been received in our office, the following steps will be taken:

1. The application will be checked for completeness. Please include copies of the well logs that you are using to verify your experience and your reference letters or verify letters have been sent to MDH by your references.
2. A review of your well records and inspection of some of the wells you have drilled will be done by MDH district office staff, and a memo will be sent to the central office documenting your experience.
3. You will be notified of your eligibility to take the written examination on Minnesota Rules, chapter 4725, Wells and Borings and general information relating to well construction, repair, sealing, and accurate completion of a well record.

Well Management Section
625 North Robert Street
P.O. Box 64502
St. Paul, Minnesota 55164-0502
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	_____

Qualification Application for Certified Representative or Explorer Responsible Individual

Read and follow the enclosed Instruction Sheet.

1. Read the Tennessee Warning information **on the last page**.
2. Make check or money order payable to the Minnesota Department of Health (MDH) or pay by credit card using the enclosed Credit Card Payment Information form.
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 above.

Well Management Section Certification Types

Designate the type of certification for which you are applying by putting an "X" in the appropriate square. A separate application must be filled out and submitted for each certification request.

- | | |
|--------------------------------------------------------------------------------|--------------------------------------------------------------------------|
| <input type="checkbox"/> \$75 Bored Geothermal Heat Exchanger Contractor (233) | <input type="checkbox"/> \$75 Explorer Responsible Individual (225) |
| <input type="checkbox"/> \$75 Dewatering Well Contractor (211) | <input type="checkbox"/> \$75 Pump, Pitless, and Screen Contractor (365) |
| <input type="checkbox"/> \$75 Elevator Boring Contractor (221) | <input type="checkbox"/> \$75 Well Sealing Contractor (251) |
| <input type="checkbox"/> \$75 Environmental Well Contractor (362) | <input type="checkbox"/> \$75 Well Contractor (253) |

Applicant Information

First Name	Middle Name	Last Name	
Street Address	City	State	ZIP Code
Telephone Number (including area code)		Business Telephone Number (including area code)	
Email			

Special Accommodations

Under certain conditions, the department will provide special accommodations in test facilities or the test process. Applicants may be required to present verification of the need for special accommodations. If you need special accommodations, describe the type needed below.

Social Security Number

Provide Social Security Number: _____ . **Why we ask for it.** Under Minnesota law (Minnesota Statutes, section 270C.72, subdivision 4) the agency issuing you this certification is required to provide to the Minnesota Commissioner of Revenue your Social Security Number.

(Over)

List Education Related to Certification for Which you are Applying

High School, College, University, Technical or Vocational School		Dates of Attendance		Certificate or Degree Received (AA, BS, etc.)	Title of Programs or Subjects Taken
Name	Location	From	To		

List Experience Related to Certification for Which you are Applying

Organization:		Location:		Length of Experience	
Position:		Supervisor:		% of Time	
Major Activities: 1.				From	To
2.				Mo./Yr.	Mo./Yr.
3.				<input type="checkbox"/> Full-time	
4.				<input type="checkbox"/> Part-time	
				Hrs./Yr. _____	
Organization:		Location:		Length of Experience	
Position:		Supervisor:		% of Time	
Major Activities: 1.				From	To
2.				Mo./Yr.	Mo./Yr.
3.				<input type="checkbox"/> Full-time	
4.				<input type="checkbox"/> Part-time	
				Hrs./Yr. _____	

Attach additional sheets if necessary. Be sure to include all information requested above.

Tennessee Warning and Signature

I certify that all information provided for certification is accurate and complete. I also understand that submitting false information allows MDH to deny, suspend, revoke, or take other action against this certification. I understand MDH's Tennessee Warning, which is available by calling 651-201-4600 or on MDH Well Management Section's website at:

Tennessee Warning (www.health.state.mn.us/communities/environment/water/wells/tw.html).

Name (Print) _____ Date _____

Signature _____ Date _____

Well Management Section
625 North Robert Street
P.O. Box 64502
St. Paul, Minnesota 55164-0502
651-201-4591 or 800-383-9808
health.wells@state.mn.us
www.health.state.mn.us/wells



Well Contractor Qualification Application Supplement

License/Registration Information

Applicant licensed or registered to perform well contracting work in other states? Yes No

If yes, list state(s) and license or registration number.

State _____ License or Registration Number _____

State _____ License or Registration Number _____

Experience

Well contractor contracting work includes construction, repair, or sealing a well, unconventional well, environmental well, temporary boring, bored geothermal heat exchanger, and an excavation for an elevator boring; and to install a pump or pumping equipment.

Month and year that applicant started drilling wells, sealing wells, and installing pumps and pumping equipment. _____

Percent of applicant's work year spent drilling wells, sealing wells, and installing pumps and pumping equipment. _____

Estimate the total number of wells applicant has personally drilled. _____

In accordance with Minnesota Rules, part 4725.0650, subpart 1, an applicant to be a representative for a well contractor licensed to construct, repair, and seal a well, unconventional well, environmental well, temporary boring, bored geothermal heat exchanger, and an excavation for an elevator boring; and to install a pump or pumping equipment, must have four years of experience. A year of experience is a year in which the applicant personally, and under the supervision of a licensed well contractor, drilled a minimum of ten wells and was drilling wells, sealing wells, and performing other contracting work for 1,000 hours. An applicant with experience prior to 2006 must drill a minimum of five wells per year of experience. An applicant drilling 1,000 hours per year and completing fewer than ten wells per year may qualify if the experience is gained in constructing one or more large diameter wells (casing outer diameter of 10 inches or more) with a cumulative depth of 700 feet. Supervision of a drilling operation shall not be considered as an equivalent to personally drilling a well.

Provide the information requested for each calendar year of experience. If the experience was gained in another state, attach additional sheets listing the following information for each well (as described above) covering four years of drilling experience: name, address, city, state, ZIP code, drilling method, grouting method, pump type, and date drilled.

Wells Personally Drilled for the Year 20 _____

1. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 2. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 3. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 4. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 5. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 6. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 7. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 8. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 9. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 10. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
-

Wells Personally Drilled for the Year 20 _____

1. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 2. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 3. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 4. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 5. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 6. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 7. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 8. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 9. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 10. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
-

Wells Personally Drilled for the Year 20 _____

1. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 2. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 3. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 4. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 5. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 6. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 7. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 8. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 9. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 10. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
-

Wells Personally Drilled for the Year 20 _____

1. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 2. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 3. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 4. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 5. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 6. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 7. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 8. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 9. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
 10. Minnesota Unique Well Number _____ License Number of Supervising Well Contractor _____
-

References

Provide the names and addresses of three individuals the applicant has previously been employed by, or the names and addresses of three individuals with knowledge of the applicant's experience relating to all aspects of well contracting. It is desirable (but not required) that one of your three references be a licensed individual who is familiar with your work.

Reference Number 1

Name Telephone Number (including area code)

Address

City State ZIP Code

Reference Number 2

Name Telephone Number (including area code)

Address

City State ZIP Code

Reference Number 3

Name Telephone Number (including area code)

Address

City State ZIP Code

Arrange for the three attached reference letters to be sent to the Minnesota Department of Health by those listed above. All three letters must be received before your application is reviewed.



Reference Letter — Well Contractor

To _____ Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for a well contractor license to construct, repair, and seal wells of any type. The applicant has listed your name as an individual familiar with the applicant's work and character. Answers to the following questions are important on behalf of the applicant. Answer all questions to the best of your ability. **Type or print in ink and return this questionnaire promptly to the address listed above.** Providing false information about the applicant may result in enforcement actions being taken against you.

1. How many years has the applicant been involved in the business of drilling wells, sealing wells, and installing pumping equipment? ____ Years ____ Months
2. Has the applicant been employed by you for work drilling wells, sealing wells, and installing pumping equipment? Yes No
3. If you answered yes to Number 2, how long was the applicant employed by you? ____ Years ____ Months
4. Are you a current or past holder of a well contracting license from MDH? Yes No
5. If you answered yes to Number 4, please provide your license number. # _____
6. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)?..... Yes No
7. Did the applicant personally construct wells for you or your company? Yes No
8. Was the work satisfactory? Yes No
9. May we contact you by phone? Yes No Telephone Number _____
(include area code)

Signature

Print Name Signature Date

Remarks

Attach additional sheet if necessary for remarks.



Reference Letter — Well Contractor

To _____ Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for a well contractor license to construct, repair, and seal wells of any type. The applicant has listed your name as an individual familiar with the applicant's work and character. Answers to the following questions are important on behalf of the applicant. Answer all questions to the best of your ability. **Type or print in ink and return this questionnaire promptly to the address listed above.** Providing false information about the applicant may result in enforcement actions being taken against you.

1. How many years has the applicant been involved in the business of drilling wells, sealing wells, and installing pumping equipment? ____ Years ____ Months
2. Has the applicant been employed by you for work drilling wells, sealing wells, and installing pumping equipment? Yes No
3. If you answered yes to Number 2, how long was the applicant employed by you? ____ Years ____ Months
4. Are you a current or past holder of a well contracting license from MDH? Yes No
5. If you answered yes to Number 4, please provide your license number. # _____
6. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)?..... Yes No
7. Did the applicant personally construct wells for you or your company? Yes No
8. Was the work satisfactory? Yes No
9. May we contact you by phone? Yes No Telephone Number _____
(include area code)

Signature

Print Name Signature Date

Remarks

Attach additional sheet if necessary for remarks.

