



Protecting, maintaining and improving the health of all Minnesotans

FULL WELL CONTRACTOR QUALIFICATION APPLICATION

Please complete all of the information requested on the application, and arrange to have the reference letters completed and returned to the Minnesota Department of Health, Well Management Section (MDH).

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 the 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 the 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. You **must** take the written examination at least two weeks prior to the next scheduled council meeting.
4. Upon passing the written examination, you will be notified when you may appear before the Advisory Council on Wells and Borings. At that time you will take the oral examination which is conducted by the council. The council meets quarterly (usually the first Wednesday of March, June, September, and December).

Study materials to aid you in preparation for the oral and written examinations will be sent to you upon receipt of your qualification application. It is recommended that you read these materials carefully. You must complete the examination process within one year of the MDH's notification that your qualification application is complete. You must complete the licensing process within one year of passing the examination. If you have any questions concerning the well contractor examination and licensing process, contact the Well Management Section at 651-201-4597.

Origins\Licensing\Qual Apps\Qual Full Well Letter.doc 03/09/2010R



Minnesota Department of Health
 Well Management Section, 625 North Robert Street
 P.O. Box 64502
 St. Paul, Minnesota 55164-0502
 651-201-4597 or 800-383-9808
 Deaf and hard-of-hearing: TTY 651-201-5797
www.health.state.mn.us/divs/eh.wells

Qualification Application for Certified Representative or Explorer Responsible Individual

**PLEASE READ INSTRUCTIONS CAREFULLY
 BEFORE COMPLETING APPLICATION.**

- Application must be typewritten or printed in ink.
- Answer all questions in full. Incomplete applications will not be processed; they will be returned to the submitter.
- The application fee must accompany application. Checks and money orders shall be made payable to Minnesota Department of Health. Checks returned for nonpayment will be charged a \$30 fee (M.S. 604.113, Subd. 2 [a]).

Office Use Only

Date Received _____
 Fee _____
 Deposit Date _____
 Deposit Number _____
 Approved _____ Denied _____
 Examination Date _____
 Result _____ % P F

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

Well Management Section License and Registration Types

- | | |
|---|--|
| <input type="checkbox"/> \$75* Dewatering Well Contractor (4870)
<input type="checkbox"/> \$75* Dug Well and Drive-Point Well Contractor (4877)
<input type="checkbox"/> \$75* Elevator Boring Contractor (4881)
<input type="checkbox"/> \$75* Explorer Responsible Individual (4886)
<input type="checkbox"/> \$75* Vertical Heat Exchanger Contractor (4894)
<input type="checkbox"/> \$75* Monitoring Well Contractor (4897) | <input type="checkbox"/> \$75* Well Screen and Pitless Adapter/Unit Contractor (4907)
<input type="checkbox"/> \$75* Pump Contractor (4910)
<input type="checkbox"/> \$75* Well Sealing Contractor (4914)
<input type="checkbox"/> \$75* Full Well Contractor (4916)

*Not refundable |
|---|--|

Please read Tennessee Warning on next page regarding your rights about the information you provide in this application.

Mr. Ms. Mrs.	Last Name	First Name	Middle Name	
Street Address		City	State	ZIP
Home Phone (include area code)		Work Phone (include area code)		

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	<u>Why we ask for it.</u> Under Minnesota law (M.S. 270C.72) the agency issuing you this certification is required to provide to the Minnesota Commissioner of Revenue your Social Security Number.
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List education related to license or registration 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 Program or Subjects Taken (Major/Minor)
Name	Location	From	To		

List experience related to license or registration for which you are applying.

Organization:	Location:	Length of Experience	
Position:	Supervisor:	% of Time	From To
Major Activities: 1.			Mo./Yr. Mo./Yr.
2.			<input type="checkbox"/> Full-time
3.			<input type="checkbox"/> Part-time
4.			Hrs./Yr. _____
Organization:	Location:	Length of Experience	
Position:	Supervisor:	% of Time	From To
Major Activities: 1.			Mo./Yr. Mo./Yr.
2.			<input type="checkbox"/> Full-time
3.			<input type="checkbox"/> Part-time
4.			Hrs./Yr. _____
ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.			

I declare that any statement in this application or information provided is true and complete and hereby acknowledge that I have read and understand the information below.

Date _____ Signature (Do **not** print) _____

EXPLANATION OF RIGHTS (TENNESSEN WARNING)

Note for Companies and Individuals Acting as Companies – The Minnesota Department of Health (MDH) will use information you provided in this application to determine if you meet the requirements for a license or registration. You are not legally required to provide any of the requested information. Failure to provide information, however, will result in the denial of your application. Submitting false information is grounds for denying your application or suspending, revoking, or taking other disciplinary action against your license or registration after it is issued.

Social security numbers are private data. Private data will not be shared with others outside the MDH, except as authorized or required by law. In such cases, it may be shared with others, including the Office of the Attorney General, the Minnesota Department of Revenue and persons contacted for purposes of verification or investigation. If the matter of your license or registration becomes contested, private data submitted in this application may become public.

Note to Individual Applicants – All data submitted in this application, except your name and address, are considered private until you are issued a license or registration. When you become licensed or registered, all data in this application become public, except your social security number, which remains private.

Note to Company Applicants – All data submitted in this application are public data.

If you require this application and related materials in another format, such as large print, Braille, cassette tape, or need more information, call 651-201-4597. Deaf and hard-of-hearing: TTY 651-201-5797.

**SUPPLEMENT TO
QUALIFICATION APPLICATION FOR WELL CONTRACTOR LICENSE**

LICENSE/REGISTRATION INFORMATION

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

If yes, list state and license or registration number

State

Lic. or Reg. Number

EXPERIENCE

Month and year that applicant started work 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, monitoring well, environmental bore hole, vertical 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 on the following pages for each year of experience. If the experience was gained in another state, or prior to the existence of the 1974 Minnesota Well Code, 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, depth, 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 _____
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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 _____
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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.

Name (_____) _____
Telephone Number

Address

City State ZIP Code

Name (_____) _____
Telephone Number

Address

City State ZIP Code

Name (_____) _____
Telephone Number

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.



Attn: Licensing
 Minnesota Department of Health
 Well Management Section
 P.O. Box 64502
 St. Paul, Minnesota 55164-0502
 651-201-4597

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. **PLEASE TYPE OR PRINT IN INK AND RETURN THIS FORM 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 well contracting license from the Minnesota Department of Health? Yes No
5. If you answered yes to question 4, please provide your license number. # _____
6. In your judgment, is the applicant qualified to be licensed for the above activities? 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
10. Telephone number (_____) _____ - _____.

11.	Signature _____	Date _____
-----	-----------------	------------

12.	Remarks _____ _____ _____
-----	---------------------------------

ATTACH ADDITIONAL SHEET IF NECESSARY FOR REMARKS.



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11.	Signature _____	Date _____
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