Minnesota Department of Health
Well Management Section
P.O. Box 64502
St. Paul, Minnesota 55164-0502
651-201-4597 or 800-383-9808
www.health.state.mn.us/divs/eh/wells

Protecting, maintaining and improving the health of all Minnesotans

LIMITED LICENSE QUALIFICATION APPLICATION

Limited well contractor licenses may be issued for each of the categories below. If you are engaged in any of these activities you must be licensed by the Minnesota Department of Health.

The licensing process consists of three steps:

1. submitting a qualification application,
2. passing a written examination, and
3. submitting a license application.

In addition, each successful licensee will have to provide evidence of a corporate surety bond. A bond of $2,000 is required for applicants for a pump installers license or the pitless/well screen license. A bond of $10,000 is required for applicants for all other limited license categories. This license bond is required in addition to any other bonds that the licensee may hold (such as a bond for a plumbing business). Individuals licensed in multiple limited well contractor categories will need only one bond. Each licensed individual will also have to obtain six contact hours of continuing education, beginning in the first FULL year of licensure.

Carefully complete the application, and arrange to have the reference letters completed and returned to the Minnesota Department of Health, Well Management Section. An incomplete application or an improperly completed application will be returned to you and will cause a significant 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 an appointment to take the examination. Study materials to aid you in preparation for the written examination will be sent to you upon receipt of your qualification application. 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 651-201-4597.

CATEGORIES AND REQUIREMENTS

PUMP INSTALLER

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the activity of INSTALLING PUMPS OR PUMPING EQUIPMENT in the state of Minnesota must be licensed by the Minnesota Department of Health. Minnesota Rules, part 4725.0100 defines a well pump and pumping equipment as "any device, machine, or material used to withdraw or otherwise obtain water

from a well, and all necessary seals, fittings, and pump controls." The definition includes buried pressure tanks but excludes other water tanks, including accessory water tanks such as fire protection tanks and elevated or ground storage tanks for public water supplies.

According to Minnesota Rules, part 4725.0650, subpart 5, an applicant to be a respresentative for a limited well contractor licensed to INSTALL PUMPS OR PUMPING EQUIPMENT, must have two years experience in pump installation and repair. The applicant must have personally installed 20 pumps. The work must include a minimum of 1,000 hours installing well pumps or pumping equipment.

WELL SCREENS AND PITLESS ADAPTERS/UNITS

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the business of INSTALLING OR REPAIRING WELL SCREENS AND PITLESS ADAPTERS/UNITS in the state of Minnesota must be licensed by the Minnesota Department of Health.

According to Minnesota Rules, part 4725.0650, subpart 4, an applicant to be a representative for a limited well contractor licensed to install or repair WELL SCREENS, PITLESS ADAPTERS/ UNITS, AND WELL CASINGS from the pitless device to the upper termination of the well, must have two years experience. A year of experience is a year in which the applicant worked a minimum of 1,000 hours having personally installed or repaired five well screens or pitless units or adapters and well casings from the pitless adapter or unit to the upper termination of the well casing. The experience must have been gained under the supervision of a licensed well contractor or limited well contractor licensed to install or repair well screens or pitless units or adapters and well casings from the pitless unit or adapter to the upper termination of the well.

CONSTRUCTING, REPAIRING, AND SEALING DUG WELL AND DRIVE-POINT WELLS

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the business of CONSTRUCTING, REPAIRING, AND SEALING DUG WELLS AND DRIVE-POINT WELLS in the state of Minnesota must be licensed by the Minnesota Department of Health.

According to Minnesota Rules, part 4725.0650, subpart 3, an applicant to be a representative for a limited well contractor licensed to CONSTRUCT, REPAIR, AND SEAL DUG WELLS AND DRIVE-POINT WELLS must have three years experience. A year of experience is a year in which the applicant personally drilled five dug wells or drive-point wells and worked for a minimum of 1,000 hours constructing, repairing, and sealing dug wells or drive-point wells. An applicant whose experience is constructing dug wells or drive-point wells must have gained the experience under a licensed well contractor or limited well contractor licensed to construct, repair, and seal dug wells or drive-point wells.

WELL SEALING

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the business of SEALING WELLS of any kind in the state of Minnesota must be licensed by the Minnesota Department of Health. This license category is for persons who do NOT hold a full well contractor license and who wish to seal wells of any kind.

According with Minnesota Rules, part 4725.0650, subpart 6, an applicant to be a representative for a limited well contractor licensed to seal wells must have three years of experience. A year of experience is year in which the applicant personally sealed a minimum of five wells and worked a minimum of 1,000 hours drilling wells, clearing obstructions, removing or perforating well casings, and grouting wells. An applicant must have gained the experience under a licensed well contractor or limited well sealing contractor.

DEWATERING WELLS

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the CONSTRUCTION, REPAIR, AND SEALING OF DEWATERING WELLS in the state of Minnesota must be licensed by the Minnesota Department of Health. It should be noted that a dewatering well is defined in Minnesota statutes as "a nonpotable well used to lower groundwater levels to allow for construction or use of underground space. A dewatering well does NOT include:

(1) a well or dewatering well 25 feet or less in depth for temporary dewatering during construction; or

(2) a well used to lower groundwater levels for control or removal of groundwater contamination."

According to Minnesota Rules, part 4725.0650, subpart 7, an applicant to be a representative for a limited well contractor licensed to construct, repair, or seal dewatering wells must have two years of experience. A year of experience is a year in which the applicant worked a minimum of 500 hours designing, constructing, or field supervising the construction, repair, or sealing of dewatering wells and designed, constructed, or field supervised the construction of a minimum of five dewatering wells.

VERTICAL HEAT EXCHANGER

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the CONSTRUCTION, REPAIR, AND SEALING OF VERTICAL HEAT EXCHANGERS in the state of Minnesota must be licensed by the Minnesota Department of Health.

In accordance with Minnesota Rules, part 4725.0650, subpart 7a, an applicant to be a representative for limited vertical heat exchanger contractor license to construct, repair, and seal vertical heat exchangers must have two years of experience related to the construction, repair and sealing of excavations or borings for the installation of vertical heat exchangers or must have two years of experience related to construction, repair, and sealing of water-supply wells and be certified by the International Ground Source Heat Pump Association (or equivalent).

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

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

*Not refundable

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

	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	Why we ask for it. 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.

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.			☐ Full-time	
3.			☐ Part-time	
4.			Hrs./Yr. _____	

Organization:	Location:		Length of Experience	
Position:	Supervisor:	% of Time	From	To
Major Activities: 1.			Mo./Yr.	Mo./Yr.
2.			☐ Full-time	
3.			☐ 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 SEALING 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 constructing and sealing wells. _____

Percent of applicant's work year spent constructing and sealing wells. _____

Total number of wells applicant has personally sealed. _____

In accordance with Minnesota Rules, part 4725.0650, subpart 6, an applicant to be a representative for a limited contractor licensed to seal wells must have three years of experience. A year of experience is a year in which the applicant personally sealed a minimum of five wells and worked a minimum of 1000 hours constructing wells, clearing obstructions, removing or perforating well casings, and grouting wells. An applicant must have gained the experience under a licensed well contractor or limited well sealing contractor.

Provide the information below 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 or submit well records from the state of jurisdiction for each well sealed (a minimum of 15 well sealings, 5 wells per calendar year must be listed) for three years of well sealing experience: name, address, city, state, ZIP code, sealing method, grouting method, depth, obstructions pulled, and date sealed.

WELLS PERSONALLY SEALED 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 _____

WELLS PERSONALLY SEALED 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 _____

WELLS PERSONALLY SEALED 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 _____

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.

HE-01450-02

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

Reference Letter—Well Sealing Contractor

TO:

Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for a limited well contractor license to 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. **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 constructing and/or sealing wells? _____ Years _____ Months
2. Has the applicant been employed by you for work sealing wells? ☐ 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 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 seal a well for you? ☐ 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.

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

Reference Letter—Well Sealing Contractor

TO:

Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for a limited well contractor license to 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. **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 constructing and/or sealing wells? _____ Years _____ Months
2. Has the applicant been employed by you for work sealing wells? ☐ 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 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 seal a well for you? ☐ 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.

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

Reference Letter—Well Sealing Contractor

TO:

Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for a limited well contractor license to 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. **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 constructing and/or sealing wells? _____ Years _____ Months
2. Has the applicant been employed by you for work sealing wells? ☐ 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 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 seal a well for you? ☐ 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.