Environmental Well Contractor Qualification Application

In accordance with Minnesota Statutes, section 103I.205, a person may construct, repair, and seal an environmental well in the state of Minnesota if the person is licensed with the commissioner of health as an environmental well contractor. A person who is a professional engineer or professional geoscientist licensed with the Board of Architecture, Engineering, Land Surveying, and Landscape Architecture according to Minnesota Statutes, sections 326.02 to 326.15; a hydrologist or hydrogeologist, who is certified by the American Institute of Hydrology; or a geologist certified by the American Institute of Professional Geologists may be licensed as an environmental well contractor if the person meets the examination and experience requirements specified in Minnesota Rules, part 4725.0650, subpart 2, items A to C. Similarly, an individual may be licensed as an environmental well contractor on experience without a professional certification/registration, by meeting the examination and experience requirements in Minnesota Rules, part 4725.0650, subpart 2, item D.

Minnesota Rules, part 4725.0650, subpart 2 states that:

A person may register as a monitoring well contractor to construct, repair, and seal monitoring wells, install pumps in monitoring wells, and construct and seal environmental bore holes, if the person meets the requirements in Items A to C or meets the requirements of Item D.

A. The applicant must be:
   1. A professional engineer or professional geoscientist licensed with the Board of Architecture, Engineering, Land Surveying, and Landscape Architecture according to Minnesota Statutes, sections 326.02 to 326.15; or

   2. A hydrologist or hydrogeologist certified by the American Institute of Hydrology; or

   3. A geologist certified by the American Institute of Professional Geologists.

B. The applicant must have three years of experience. A year of experience is a year in which the applicant worked a minimum of 500 hours in construction, repair, and sealing of environmental wells including design, field supervision, or actual construction of monitoring wells or environmental bore holes.

C. The applicant must have experience in design, field supervision or actual construction of 50 environmental wells.

(Over)
D. The applicant must have three years of experience in construction, repair, and sealing of environmental wells. A year of experience is a year in which the applicant personally and under the supervision of a licensed environmental well contractor or a licensed well contractor, constructed a minimum of 20 environmental wells, and constructed, sealed, and repaired environmental wells for 1000 hours.

If you are applying for an environmental well license by using one of the allowed professional certifications and not by personal drilling experience, you still must provide documentation showing that you were involved in the construction, design, or field supervision of 50 environmental wells. Documentation may be in the form of well records submitted to the state of jurisdiction, records submitted to other units of government, records provided to the client, or your own company records. The records must document your role in the above-mentioned activities.

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 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.

Once you have passed the examination, we will forward to you a license application, at which time you will have to pay the license fee, provide a $10,000 corporate surety bond, and pay the fee to register drilling machines and hoists. You must complete the licensing process within one year of passing the written exam. If you have any questions concerning the licensing process, please contact the Well Management Section at 651-201-4591.
Qualification Application
for Certified Representative or Explorer Responsible Individual

Please Read Instructions Carefully Before Completing Application.
▪ Answer all questions in full. Incomplete applications will not be processed; they will be returned to the submitter.
▪ 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.
▪ Returned checks are subject to a $30 fee per Minnesota Statutes, section 604.133, subdivision 2(a).
▪ Fees submitted with the application are nonrefundable per Minnesota Rules, part 4725.0350, subpart 3.
▪ 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.

☐ $75 Bored Geothermal Heat Exchanger Contractor (233) ☑ $75 Explorer Responsible Individual (225)
☐ $75 Dewatering Well Contractor (211) ☐ $75 Pump, Pitless, and Screen Contractor (365)
☐ $75 Elevator Boring Contractor (221) ☐ $75 Well Sealing Contractor (251)
☐ $75 Environmental Well Contractor (362) ☐ $75 Well Contractor (253)

Applicant Information

<table>
<thead>
<tr>
<th>Mr.</th>
<th>Last Name</th>
<th>First Name</th>
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<td>Ms.</td>
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<td>Mrs.</td>
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Street Address

Home Telephone (including area code) Business Telephone (including area code)

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.
List Education Related to Certification for Which you are Applying.

<table>
<thead>
<tr>
<th>High School, College, University, Technical or Vocational School</th>
<th>Dates of Attendance</th>
<th>Certificate or Degree Received (AA, BS, etc.)</th>
<th>Title of Programs or Subjects Taken</th>
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<tr>
<td>Name</td>
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List Experience Related to Certification for Which you are Applying.

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<tr>
<th>Organization:</th>
<th>Location:</th>
<th>Length of Experience</th>
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<td>Position:</td>
<td>Supervisor:</td>
<td>% of Time</td>
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<td>Major Activities: 1.</td>
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Attach additional sheets if necessary. Be sure to include all information requested above.

Signature

I certify that all information provided on this application is accurate and complete. I understand MDH’s Tennessen Warning, which is available by calling 651-201-4600 or on MDH Well Management Section’s website at: Tennessen Warning (www.health.state.mn.us/divs/eh/wells/tw.html).

Name (Print) ____________________________________________ Date ________________

Signature _____________________________________________ Date ________________

Email ____________________________________________________________________________

To obtain this information in a different format call 651-201-4600.

Printed on recycled paper.

origs\licensing\Qual Apps\2018\Qual Application  10/04/2018
Supplement to Qualification Application for Environmental Well Contractor

License Information
Applicant registered or licensed 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 _______________

Professional Certification
Minnesota Statutes, section 103I.205, allows a person to apply for registration as an environmental well contractor if the person is a professional engineer or professional geoscientist licensed with the Board of Architecture, Engineering, Land Surveying, or Landscape Architecture; or hydrologist or hydrogeologist certified by the American Institute of Hydrology; or a geologist certified by the American Institute of Professional Geologists, provided this person meets any other qualification requirements established in rule.

Please provide your certification/registration number from the appropriate organization below, if applicable.
Professional Engineer/Professional Geoscientist Number _______________
AIPG Professional Geologist Number _______________
AIH Certified Hydrologist Number _______________

Experience
In accordance with Minnesota Rules, part 4725.0650, subpart 2, items B and C, an applicant with a professional certification/registration must have three years of experience. A year of experience is a year in which the applicant worked a minimum of 500 hours in construction, repair, and sealing of environmental wells including design, field supervision, or actual construction of environmental wells or. In addition, the applicant must have experience in design, field supervision, or actual construction of 50 environmental wells.

An applicant who does not have a professional certification/registration must have three years of experience in construction, repair, and sealing of environmental wells. A year of experience is a year in which the applicant personally and under the supervision of a licensed environmental well contractor or licensed well contractor, constructed a minimum of 20 environmental wells, and constructed, sealed, and repaired environmental wells for 1,000 hours.
Experience (continued)

Provide the following information:

Month and year that applicant started design, field supervision, or actual construction of environmental wells. ______________________

Total number of environmental wells the applicant has personally designed, field supervised, or constructed for the year 20 ___ ______________________

Total number of environmental wells the applicant has personally designed, field supervised, or constructed for the year 20 ___ ______________________

Total number of environmental wells the applicant has personally designed, field supervised, or constructed for the year 20 ___ ______________________

Percent of applicant’s work year spent in the design, field supervision, and actual construction of environmental wells. ______________________

Identify (on next page) by Minnesota Unique Well Number the environmental wells you cite to meet the experience requirements. If you do not have a professional certification/registration and your application is based on experience only, make sure your experience is in the actual construction of environmental wells.

If you are using out-of-state experience, you must provide the same level of documentation of your personal involvement in the construction of environmental wells.
List of Constructed Environmental Wells

<table>
<thead>
<tr>
<th>MN Unique No.</th>
<th>Role on Project*</th>
<th>Year of Construction</th>
<th>Contractor License No.</th>
<th>MN Unique No.</th>
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<th>Year of Construction</th>
<th>Contractor License No.</th>
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**• Driller** = personally drilled well/boring  
**• Design** = personally designed well/boring construction  
**• Field Sup.** = field supervisor
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 the design, field supervision, and actual construction, repair, or sealing of environmental wells. 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 — Environmental Well Contractor

To _____________________________________ Name of Applicant ___________________________________

The individual named has submitted a qualification application to the Minnesota Department of Health (MDH) pursuant to licensure as an environmental well contractor to construct, repair, and seal environmental wells. The applicant provided your name as an individual familiar with the applicant’s work and character. In accordance with Minnesota Statutes, section 103I.205, no person may construct an environmental well without possession of an environmental well contractor license or well contractor license from MDH. Answers to the following questions are important on behalf of the applicant. 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 design, field supervision, or actual construction, repair, and sealing of environmental wells? ............................................................ _____ Years _____ Months

2. Has the applicant been employed by you for work designing, field supervising, or actually constructing, repairing, and sealing environmental wells? ......................................................... □ Yes □ No

3. If you answered yes to Number 2, how long was the applicant employed by you? ............................................................................. _____ Years _____ Months

4. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)? ......................................................... □ Yes □ No

5. Did the applicant personally construct environmental wells for you or your company? ................................................................. □ Yes □ No

6. Was the work satisfactory? ........................................................................... □ Yes □ No

7. 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.

To obtain this information in a different format call 651-201-4600.
Reference Letter — Environmental Well Contractor

To __________________________________________ Name of Applicant ____________________________

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1. How many years has the applicant been involved in the design, field supervision, or actual construction, repair, and sealing of environmental wells? ................................................................. _____ Years _____ Months

2. Has the applicant been employed by you for work designing, field supervising, or actually constructing, repairing, and sealing environmental wells? ................................................................. Yes  No

3. If you answered yes to Number 2, how long was the applicant employed by you? ................................................................. _____ Years _____ Months

4. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)? ................................................................. Yes  No

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6. Was the work satisfactory? ................................................................. Yes  No

7. 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.

To obtain this information in a different format call 651-201-4600.

origs\Licensing\Qual Apps\2018\Qual Supplement to Environmental Well   10/04/2018R
Reference Letter — Environmental Well Contractor

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The individual named has submitted a qualification application to the Minnesota Department of Health (MDH) pursuant to licensure as an environmental well contractor to construct, repair, and seal environmental wells. The applicant provided your name as an individual familiar with the applicant’s work and character. In accordance with Minnesota Statutes, section 103I.205, no person may construct an environmental well without possession of an environmental well contractor license or well contractor license from MDH. Answers to the following questions are important on behalf of the applicant. 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 design, field supervision, or actual construction, repair, and sealing of environmental wells? ................................................................. _____ Years _____ Months

2. Has the applicant been employed by you for work designing, field supervising, or actually constructing, repairing, and sealing environmental wells? ................................................................. □ Yes □ No

3. If you answered yes to Number 2, how long was the applicant employed by you? ................................................................. _____ Years _____ Months

4. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)? ................................................................. □ Yes □ No

5. Did the applicant personally construct environmental wells for you or your company? ................................................................. □ Yes □ No

6. Was the work satisfactory? ................................................................. □ Yes □ No

7. 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.