

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



Environmental Well Contractor Qualification Application

Constructing, repairing, and sealing environmental wells 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 \$10,000 is required for applicants for an environmental well 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 Statutes, section 103I.205, a person may construct, repair, and seal an environmental well or temporary boring 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;

(Over)

Requirements (continued)

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.
- 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.

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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)		

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 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	
Major Activities: 1.					From To 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.

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 _____

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Environmental 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 _____

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. 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

MN Unique No.	Role on Project*	Year of Construction	Contractor License No.	MN Unique No.	Role on Project*	Year of Construction	Contractor License No.

*● **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.

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Reference Letter — Environmental Well Contractor

To _____ Name of Applicant _____

The individual above has made application to the Minnesota Department of Health (MDH) to qualify for an environmental well contractor license to construct, repair, and seal environmental wells. The applicant 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 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.

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