

**Water Supply Division
The Old Pantry Building
103 South Main Street
Waterbury, VT 05671-0403
(802) 241-3400
FAX 241-3284**

11 November 2006

To: Well Driller License Applicant

Re: Drillers License Application Package

Thank you for your interest in obtaining a Vermont Well Driller License. Licenses are issued to individuals engaged in the business of well drilling – water and monitoring – or closing abandoned wells. Any business, governmental or other legal entity engaged in the business of well drilling or closing abandoned wells must have a licensed Driller as a qualifying individual.

The requirement for licensing are as follows:

1. Complete and submit the enclosed application; choose the class of license being applied for: water, monitoring or both;
2. Pay the required fee; annual fee of \$105. The fee will be prorated for a license application received during the tri-annual cycle. Make check payable to the State of Vermont. The fee is the same if applying for one or both classes of license. If you are adding a class to an existing license prior to license renewal, one time fee of \$105 is required;
3. Meet the educational and experience requirements set forth in section 15-504 of the Well Driller Licensing Rule, summarized below;
 - (a)
 - (1) For a water well driller: document participation in the drilling of at least the five most recent wells and provide the Well Completion Reports, if available; or
 - (2) For a monitoring well driller: document participation in and provide a description of the most recent five projects and provide the Well Completion Reports, if available.
 - (b) Document at least 36 months of well installation experience or document 24 months of well installation experience with a minimum of a two year degree in an engineering, environmental science, well drilling or related degree. Documented experience as an apprentice to a licensed well driller will also be considered on a month for a month basis toward the 24 or 36 months.
 - (c) Document the principal types of drilling methods, experience, and equipment with which the applicant has proficiency.
4. Obtain a passing grade (70%) on the Vermont Licensing Test and the National Ground Water

Association (NGWA) or equivalent tests as determined by the Commissioner related to each license class. You must take the NGWA General Test and a specialty test – on the drilling technology you will be using – for each class of license being applied for. If requested by the applicant, the licensing test may be taken orally. If an applicant for a well driller’s license does not pass the written test, the applicant may be retested by appointment after 30 days. The applicant must receive a passing grade on all tests within a year of passing the first test, or all tests will have to be retaken. All tests are administered by appointment with the Vermont Water Supply Division;

5. Identify the name of the business the applicant is or will be associated with and the applicant’s status (i.e. owner, partner, employee, qualifying individual);
6. If designated as a qualifying individual, complete the Qualifying Individual Agreement on the License Application Form; and
7. Satisfy all other state mandated requirements for licensing, including but not limited to, signing child support and tax statements and registration with the Secretary of State.

If you have any questions, please contact myself or Scott Stewart at the address above, 1-800-823-6500 (in-State), 1-802-241-3400, or email at robf@dec.anr.state.vt.us or scotts@dec.anr.state.vt.us .

Sincerely,

Dennis Nealon,
Hydrogeologist

- Enc. Application for a Well Driller License.
10 V.S.A. Chapter 48 - Groundwater Protection.
Water Well Driller Licensing Rules
Water Supply Rule - Appendix A, Part 12, Construction and Isolation Standards for Wells.
Water Supply Rule - Appendix A, Part 11, Small Scale Water Systems.

WATER SUPPLY DIVISION
The Old Pantry Building
103 South Main Street
Waterbury, VT 05671-0403
TELEPHONE (802) 241-3400
FACSIMILE (802) 241-3284

APPLICATION FOR A WELL DRILLER LICENSE

Please complete application, and include the annual fee of \$105.00 - payable to State of Vermont – and send to:

Department of Environmental Conservation
Water Supply Division
103 South Main Street - The Old Pantry
Waterbury, VT 05671-0403
Phone No: (802) 241-3412 / (800) 823-6500 (VT)

DO NOT WRITE IN THIS SPACE

Received: _____
Fee Paid: _____
Date Reviewed: _____
Incomplete: _____
Rcd Correction: _____
License Approved: _____
License Number: _____
Process Time: _____

1. Class of License: 9 Water Well 9 Monitor Well 9 Water & Monitor Wells

2. Applicants Name _____
(First) (Middle Initial) (Last)
Mailing Address _____
(Street Address)

(Town or City) (State) (Zip)

Phone Number: _____ Email: _____

3. Name of Firm, Trade Name or Legal Entity: _____

Office Address _____
(Street)

(Town or City) (State) (Zip)

Phone Number: _____ Email: _____

4. Number and type of rigs owned _____
Use additional sheet of paper if necessary

5. Is your business, governmental or other legal entity registered with Secretary of State: **Yes or No**
(Circle one)

6. Are you the Qualifying Individual for the company: **Yes or No**
If Yes, please complete and sign the attached Qualifying Individual Agreement: (Circle one)

7. WORK EXPERIENCE:

Describe below all work experience in well drilling. Use additional sheets of paper if necessary.

A. Present or most recent employment

Name of Firm: _____

Address: _____

Job title: _____ Supervisor: _____

Dates of Employment From: _____ To _____

Full-time: Yes or No; if part-time or seasonal, Hours/Week or Month

Summary of your duties and responsibilities, type of equipment used, type and number of wells drilled: _____

B. Next most recent employment

Name of Firm: _____

Address: _____

Job title: _____ Supervisor: _____

Dates of Employment From: _____ To _____

Full-time: Yes or No; if part-time or seasonal, Hours/Week or Month

Summary of your duties and responsibilities, type of equipment used, type and number of wells drilled: _____

C. Next most recent employment

Name of Firm: _____

Address: _____

Job title: _____ Supervisor: _____

Dates of Employment From: _____ To _____

Full-time: Yes or No; if part-time or seasonal, Hours/Week or Month

Summary of your duties and responsibilities, type of equipment used, type and number of wells drilled: _____

8. PROJECT EXPERIENCE:

A. Water Well Driller: List name, address and phone # of owners for at least five of the most recent water wells you have drilled (attach Well Completion Reports).

Name	Address	Phone #	Date Drilled

B. Monitoring Well Driller: List name, address and phone # of client for at least five of the most recent projects you have drilled monitoring wells (attach Well Completion Reports).

Name	Address	Phone #	Date Drilled

9. EDUCATION INFORMATION:

List any educational information, apprenticeship information, other licenses, special courses, certification numbers, etc. which could help the Department to determine your qualifications for a license. _____

10. Vermont Well Driller's Licensing Test.

Date Taken _____ Score _____

11. National Ground Water Association Certification General Test.

Date Taken _____ Score _____

12. List date taken and score of National Ground Water Association Specialty Test(s) and identify test(s).

	Test	Date Taken	Score
1.			
2.			
3.			
4.			

13. **CHILD SUPPORT STATEMENT:** Please read, check and sign the following statement.

APPLICANT’S STATEMENT REGARDING CHILD SUPPORT

State law requires that this form must be completed by anyone applying as an individual for a well contractor’s license.

A Well Driller’s license may not be issued or renewed unless the licensee certifies that he or she is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date the application is filed. “Good standing” means that less than one-twelfth of the annual support obligation is overdue; or liability for any support payable is being contested in a judicial or quasi-judicial proceeding; or he or she is in compliance with a repayment plan approved by the office of child support or agreed to by the parties; or the licensing authority determines that immediate payment of support would impose an unreasonable hardship (15 V.S.A. § 795).

STATEMENT OF APPLICANT (You must check one)

I hereby certify that I am not subject to any support order or I am subject to a support order and am in good standing with respect to or in full compliance with a plan to pay any and all child support due the State of Vermont as of the date of this application.

I hereby certify that I am not in good standing with respect to child support due as of the date of this application and I hereby request the licensing authority determine that immediate payment of child support would impose an unreasonable hardship.

Date: _____ Signature: _____

14. **TAX CERTIFICATION:** Fill out and sign the following statement. If applying as an individual, give your social security number below your signature. If applying as qualifying individual for a corporation, partnership, etc., give the proper federal ID number below your signature.

APPLICANT’S STATEMENT REGARDING TAXES

State law requires that no agency of the State may issue or renew a license to practice a profession unless the licensee first certifies, under the pains and penalties of perjury, that he or she is in good

standing with the Department of Taxes. A person is in good standing if no taxes are due, if the liability for any tax that may be due is on appeal, if the taxpayer is in compliance with a payment plan approved by the Commissioner of Taxes, or if the licensing authority determines that immediate payment of taxes due and payable would pose an unreasonable hardship. (32 VSA Section 3113)

The maximum penalty for perjury is fifteen (15) years in prison, a \$10,000 fine or both.

CERTIFICATION OF COMPLIANCE WITH 32 V.S.A. SECTION 3113

I hereby certify, under the pains and penalties of perjury, that I am in good standing with respect to, or in full compliance with a plan approved by the Commissioner of Taxes to pay, any and all taxes due the State of Vermont as of the date of this application.

Date _____

Signature _____

S.S. _____

IF YOU ARE NOT IN GOOD STANDING AT THIS TIME, you may do one of the following three things:

1. Discontinue this license or license renewal application;
2. Arrange with the Vermont Department of Taxes to bring yourself into good standing through a payment plan approved by the Commissioner of Taxes or otherwise;
3. Seek a determination from the licensing agency that immediate payment of taxes due and payable would impose an unreasonable hardship.

If you desire to continue this application, you should complete the statement below.

ALTERNATE CERTIFICATION

I am not in good standing with the Department of Taxes at this time, and

a _____ I will arrange with the Department of Taxes to bring myself into good standing, or

b _____ Seek a determination that immediate payment would impose an unreasonable hardship.

Date _____

Signature _____

*S.S. _____

Arrangements to achieve good standing should be made by contacting the Office of Collections, Vermont Department of Taxes, (802) 828-2518.

* The disclosure of your social security number is mandatory, is solicited by the authority granted by 42 U.S.C. § 405 (c)(2)(C), and will be used by the Department of Taxes in the administration of tax laws and to identify individuals affected by such laws, and will be used by the Office of Child Support.

15. **AFFIDAVIT:**

I hereby certify that this application for a Well Driller License contains no willful misrepresentations or falsifications, and that the information given by me is true and complete to the best of my knowledge and belief. Falsification of any information provided is grounds for revocation of license.

Date _____ Signed _____

16. **NOTARY:**

Please have notary stamp the completed application and print name and expiration date of stamp.

Notary Name _____ Exp. Date _____

Signature _____

Vermont Well Driller

Qualifying Individual Agreement - Roles and Responsibilities

A sole proprietor is not required to complete this form. If the owner, partner or other person with delegating authority for the firm will also be the Qualifying Individual, sign B only.

A licensed well driller shall be the qualifying individual for only one business, governmental, or other legal entity. A business, governmental, or other entity may have more than one qualifying individual. No legal entity engaged in the business of well drilling shall drill or close abandoned wells without a qualifying individual overseeing and taking responsibility for the daily drilling operations. The qualifying individual:

- (a) shall be a licensed well driller and an owner, partner, corporate officer or employee for a business, governmental or other entity engaged in the business of well drilling;
- (b) shall be directly in charge of the daily well drilling operations and assure that all wells meet the appropriate construction and closure standards;
- (c) shall review all Well Completion Reports and ensure all reports are complete, accurate and filed within 90 days of well completion;
- (d) shall ensure all wells are tagged within 30 days of completion;
- (e) shall keep complete and accurate records of all wells attempted, drilled, and closed for a minimum of six years;
- (f) shall notify the Department of any change in information provided on his or her application;
- (g) shall promptly respond to and investigate, where appropriate, client complaints and notify the Department of suspected public health or environmental threats, if encountered;
- (h) shall keep abreast of changes in industry technology, state, federal and safety regulations regarding well drilling practices; and
- (i) shall have oversight responsibility for work conducted by a well drilling subcontractor.

A) I, _____ (name) as _____ (owner, partner, etc.) for the firm _____ (firm name) hereby grant and delegate the roles and responsibilities stated in (a) - (i) above to _____ (applicant's name) and designate him/her the Qualifying Individual for this firm (business, governmental or other legal entity).
Signature _____ Date _____

B) I, _____ (applicant's name) as a licensed well driller in the State of Vermont accept the roles and responsibilities stated in (a) - (i) above as the Qualifying Individual for the firm (name of business, governmental or other legal entity) _____.

Signature _____ Date _____