

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



Limited Dewatering Well Contractor Qualification Application

Constructing, repairing, and sealing dewatering wells in the state of Minnesota requires licensure by the Minnesota Department of Health (MDH).

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."*

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 provide evidence of a corporate surety bond. A bond of \$10,000 is required for applicants for a dewatering 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). Individuals licensed in multiple limited well contractor categories will need only one bond. Each licensed individual will also have to obtain **two** contact hours of continuing education 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.

(Over)

Requirements

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the business of **constructing, repairing, or sealing** of dewatering wells in the state of Minnesota you must be licensed by MDH.

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.

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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
2.				Mo./Yr.	Mo./Yr.
3.				<input type="checkbox"/> Full-time	
4.				<input type="checkbox"/> Part-time	
				Hrs./Yr. _____	
Organization:		Location:		Length of Experience	
Position:		Supervisor:		% of Time	
Major Activities: 1.				From	To
2.				Mo./Yr.	Mo./Yr.
3.				<input type="checkbox"/> Full-time	
4.				<input type="checkbox"/> Part-time	
				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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Limited Dewatering 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 _____

Experience

Dewatering well contracting work includes designing, constructing, or field supervising the construction, repair, or sealing of dewatering wells.

Month and year that applicant started designing, constructing, or field supervising the construction, repair, or sealing of dewatering wells. _____

Percent of applicant's work year spent designing, constructing, or field supervising the construction, repair, or sealing of dewatering wells. _____

Total number of dewatering wells applicant has personally designed, constructed or supervised during construction, repair, or sealing. _____

In accordance with Minnesota Rules, part 4725.0650, subpart 7, an applicant to be a representative for a limited well contractor licensed to construct, repair, and seal dewatering wells must have two years of experience. A year of experience is a year in which the applicant personally 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.

(Over)

Experience (continued)

Provide the following information for dewatering wells that you have personally constructed, designed, or field supervised during construction, repair, or sealing of dewatering wells. For each well indicate the depth, diameter, and sealing method. Attach additional sheets if necessary.

Dewatering Wells for the Year 20 _____

1. _____
Construction Project Name

General Contractor Contact Person

Dewatering Project Street Address County

Date of Construction Number of Wells in Project

Well Depth Well Diameter Sealing Method

2. _____
Construction Project Name

General Contractor Contact Person

Dewatering Project Street Address County

Date of Construction Number of Wells in Project

Well Depth Well Diameter Sealing Method

3. _____
Construction Project Name

General Contractor Contact Person

Dewatering Project Street Address County

Date of Construction Number of Wells in Project

Well Depth Well Diameter Sealing Method

Experience (continued)

4. _____

Construction Project Name

General Contractor

Contact Person

Dewatering Project Street Address

County

Date of Construction

Number of Wells in Project

Well Depth

Well Diameter

Sealing Method

5. _____

Construction Project Name

General Contractor

Contact Person

Dewatering Project Street Address

County

Date of Construction

Number of Wells in Project

Well Depth

Well Diameter

Sealing Method

Experience (continued)

Dewatering Wells for the Year 20 _____

1. _____
Construction Project Name

General Contractor	Contact Person
--------------------	----------------

Dewatering Project Street Address	County
-----------------------------------	--------

Date of Construction	Number of Wells in Project
----------------------	----------------------------

Well Depth	Well Diameter	Sealing Method
------------	---------------	----------------

2. _____
Construction Project Name

General Contractor	Contact Person
--------------------	----------------

Dewatering Project Street Address	County
-----------------------------------	--------

Date of Construction	Number of Wells in Project
----------------------	----------------------------

Well Depth	Well Diameter	Sealing Method
------------	---------------	----------------

3. _____
Construction Project Name

General Contractor	Contact Person
--------------------	----------------

Dewatering Project Street Address	County
-----------------------------------	--------

Date of Construction	Number of Wells in Project
----------------------	----------------------------

Well Depth	Well Diameter	Sealing Method
------------	---------------	----------------

Experience (continued)

4. _____
Construction Project Name

General Contractor Contact Person

Dewatering Project Street Address County

Date of Construction Number of Wells in Project

Well Depth Well Diameter Sealing Method

5. _____
Construction Project Name

General Contractor Contact Person

Dewatering Project Street Address County

Date of Construction Number of Wells in Project

Well Depth Well Diameter Sealing Method

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 construction, repair, and sealing of dewatering 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 — Limited Dewatering Well 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 construct, repair, and seal dewatering wells. The applicant has listed 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 dewatering wells deeper than 25 feet without possession of a well contractor license from MDH. 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 business of construction, repair, or sealing of dewatering wells?..... ____ Years ____ Months
2. Has the applicant been employed by you for work constructing, repairing, or sealing dewatering 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, repair, or seal 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.



Reference Letter — Limited Dewatering Well Contractor

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5. Did the applicant personally construct, repair, or seal 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 _____
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Signature

Print Name Signature Date

Remarks

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