

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 Pump, Pitless, and Screen Contractor Qualification Application

Installing well pumps and pumping equipment and installing, repairing, and modifying pitless units and pitless adapters, well casings above the pitless unit or pitless adapter, well screens, and well diameters 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 \$2,000 is required for applicants for a pump, pitless, and screen 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

An applicant to be a representative for a limited well contractor licensed to install well pumps and pumping equipment, and install, repair, and modify pitless units, pitless adapters, well casings above the pitless unit or pitless adapter, well screens, and well diameters must have two years of experience. A year of experience is a year in which the applicant worked a minimum of 1,000 hours installing well pumps or pumping equipment, or installing, repairing, and modifying pitless units, pitless adapters, well casings above the pitless unit or pitless adapter, well screens, and well diameters. The applicant must have personally worked on a total of 20 of the following:

1. pump installations,
2. pitless unit or adapter installation or repairs,
3. well screen installation or repairs.

The experience must have been gained under the supervision of a licensed well contractor or a limited well contractor with the appropriate license for the work.

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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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Limited Pump, Pitless, and Screen 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

Pump, pitless, and screen contracting work includes installation or repair of well pumps, screens, or pitless units/adapters, and well casings.

Month and year that applicant started installing or repairing well pumps, screens, pitless units/adapters, and well casings. _____

Total number of well pumps, screens, and pitless units/adapters applicant has personally installed or repaired. _____

Percent of applicant's work year spent installing or repairing well pumps, screens, pitless units/adapters, and well casings. _____

An applicant to be a representative for a limited well contractor licensed to install well pumps and pumping equipment, and install, repair, and modify pitless units, pitless adapters, well casings above the pitless unit or pitless adapter, well screens, and well diameters must have two years of experience. A year of experience is a year in which the applicant worked a minimum of 1,000 hours installing well pumps or pumping equipment, or installing, repairing, and modifying pitless units, pitless adapters, well casings above the pitless unit or pitless adapter, well screens, and well diameters. The applicant must have personally worked on a total of 20 of the following:

1. pump installations,
2. pitless unit or adapter installation or repairs,
3. well screen installation or repairs.

The experience must have been gained under the supervision of a licensed well contractor or a limited well contractor with the appropriate license for the work.

Experience (continued)

Provide the information below for twenty persons the applicant has personally installed well pumps, or installed or repaired well screens or pitless units/adapters. Dates must indicate compliance with years of experience requirements described above. Be sure to provide complete information.

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Experience (continued)

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

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Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Experience (continued)

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Experience (continued)

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

Name

Address

City State ZIP Code

Equipment Installed or Repaired

Date Installed or Repaired

Pump Pitless Unit/Adapter Well Screen

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 installation or repair of well pumps, screens, or pitless units/adapters, and well casings. 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 — Limited Pump, Pitless, and Screen 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 install or repair well pumps, screens, or pitless units/adapters, and well casings. The applicant has listed your name as a licensed well contractor 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 business of installing or repairing well screens or pitless units/adapters and well casings?..... _____ Years _____ Months
2. Has the applicant been employed by you, or worked under your supervision for work installing or repairing well pumps, screens, or pitless units/adapters and well casings? Yes No
3. If you answered yes to Number 2, how long was the applicant under your supervision? _____ Years _____ Months
4. List the number of pumps or pitless units/adapters installed by the applicant under your supervision for two separate years.
 Year 20 _____ _____ Pumps, _____ Pitless Units/Adapters, _____ Screens
 Year 20 _____ _____ Pumps, _____ Pitless Units/Adapters, _____ Screens
5. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)?..... Yes No
6. Did the applicant personally install a pump, pitless unit/adapter, or well screen for you or your company? Yes No
7. Was the work satisfactory? Yes No
8. 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 Pump, Pitless, and Screen 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 install or repair well pumps, screens, or pitless units/adapters, and well casings. The applicant has listed your name as a licensed well contractor 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 business of installing or repairing well screens or pitless units/adapters and well casings?..... ____ Years ____ Months
2. Has the applicant been employed by you, or worked under your supervision for work installing or repairing well pumps, screens, or pitless units/adapters and well casings? Yes No
3. If you answered yes to Number 2, how long was the applicant under your supervision? ____ Years ____ Months
4. List the number of pumps or pitless units/adapters installed by the applicant under your supervision for two separate years.
Year 20 ____ ____ Pumps, ____ Pitless Units/Adapters, ____ Screens
Year 20 ____ ____ Pumps, ____ Pitless Units/Adapters, ____ Screens
5. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)?..... Yes No
6. Did the applicant personally install a pump, pitless unit/adapter, or well screen for you or your company? Yes No
7. Was the work satisfactory? Yes No
8. May we contact you by phone? Yes No Telephone Number _____
(include area code)

Signature

Print Name

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Attach additional sheet if necessary for remarks.



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1. How many years has the applicant been involved in the business of installing or repairing well screens or pitless units/adapters and well casings?..... ____ Years ____ Months
2. Has the applicant been employed by you, or worked under your supervision for work installing or repairing well pumps, screens, or pitless units/adapters and well casings? Yes No
3. If you answered yes to Number 2, how long was the applicant under your supervision? ____ Years ____ Months
4. List the number of pumps or pitless units/adapters installed by the applicant under your supervision for two separate years.
Year 20 ____ ____ Pumps, ____ Pitless Units/Adapters, ____ Screens
Year 20 ____ ____ Pumps, ____ Pitless Units/Adapters, ____ Screens
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8. 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.