

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 Well Sealing Contractor Qualification Application

Sealing wells of any kind in the state of Minnesota requires licensure by the Minnesota Department of Health (MDH). This license category is for persons who do **not** hold a well contractor (full) license and who wish to seal wells and borings of any kind.

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 a well sealing 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.

Requirements

In accordance with Minnesota Statutes, section 103I.205, persons engaged in the business of **sealing** wells and borings of any kind in the state of Minnesota you must be licensed by MDH. This license category is for persons who do **not** hold a well contractor (full) license and who wish to seal wells and borings of any kind.

According to Minnesota Rules, part 4725.0650, subpart 6, an applicant to be a representative for a limited well contractor licensed to **seal** wells must have three years of experience. A year of experience is a year in which the applicant personally sealed a minimum of five wells and worked a minimum of 1,000 hours drilling wells, clearing obstructions, removing or perforating well casings, and grouting wells. An applicant must have gained the experience under a licensed well contractor or limited well sealing contractor.

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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)		
Email			

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 Well Sealing 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

Well sealing contracting work includes sealing wells of any kind.

Month and year that applicant started constructing and sealing wells. _____

Percent of applicant's work year spent constructing and sealing wells. _____

Total number of wells applicant has personally sealed. _____

In accordance with Minnesota Rules, part 4725.0650, subpart 6, an applicant to be a representative for a limited contractor licensed to seal wells must have three years of experience. A year of experience is a year in which the applicant personally sealed a minimum of five wells and worked a minimum of 1000 hours constructing wells, clearing obstructions, removing or perforating well casings, and grouting wells. An applicant must have gained the experience under a licensed well contractor or limited well sealing contractor.

(Over)

Experience (continued)

Provide the information below for each year of experience. If the experience was gained in another state, or prior to the existence of the 1974 Minnesota Well Code, attach additional sheets listing the following information or submit well records from the state of jurisdiction for each well sealed (a minimum of 15 well sealings, 5 wells per calendar year must be listed) for three years of well sealing experience: name, address, city, state, ZIP code, sealing method, grouting method, depth, obstructions pulled, and date sealed. Be sure to provide complete information.

Wells Personally Sealed for the Year 20 _____

1. Minnesota Unique Well Number _____ License number of supervising well contractor _____
 2. Minnesota Unique Well Number _____ License number of supervising well contractor _____
 3. Minnesota Unique Well Number _____ License number of supervising well contractor _____
 4. Minnesota Unique Well Number _____ License number of supervising well contractor _____
 5. Minnesota Unique Well Number _____ License number of supervising well contractor _____
-

Wells Personally Sealed for the Year 20 _____

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 4. Minnesota Unique Well Number _____ License number of supervising well contractor _____
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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 all aspects of well contracting. 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 Well Sealing 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 seal wells of any type. The applicant has 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 business of constructing and/or sealing wells? ____ Years ____ Months
2. Has the applicant been employed by you for work sealing wells? Yes No
3. If you answered yes to Number 2, how long was the applicant employed by you? ____ Years ____ Months
4. Are you a current or past holder of a well contracting license from MDH? Yes No
5. If you answered yes to Number 4, please provide your license number. # _____
6. In your judgment, is the applicant qualified to be licensed for the above activities (please explain below)? Yes No
7. Did the applicant personally seal a well for you? Yes No
8. Was the work satisfactory? Yes No
9. 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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Signature

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