

OFFICE USE ONLY	
App. Fee	_____
RA	_____
Date	_____
Initial Lic. Fee	_____
RA	_____
Date	_____

New Jersey Department of Environmental Protection
General Services
Examinations & Licensing Unit

APPLICATION FOR
NEW JERSEY DEWATERING WELL DRILLER LICENSING EXAMINATION
INSTRUCTION SHEET

Enclosed is an application and study material for the New Jersey Dewatering Well Driller Licensing Examination.

- All applicants **must** circle the appropriate test month.
- All applicants **must** attach a copy of their high school diploma or GED certificate to the application.
- All applications and your two reference questionnaires, Form ADM-166B, must be completely filled out and notarized or your application will be rejected.
- In order to qualify for the New Jersey Dewatering Well Driller Licensing Examination you **must** have at least three years of dewatering well drilling experience as of **the signature date of your application**. All applicants must have constructed and sealed at least 5 dewatering well/wellpoint systems within the past three years. One of the five dewatering well/wellpoint systems listed must have contained wells that were greater than 25 feet in depth and must have been sealed by the pressure grouting method or your application will be rejected.
- You **must** attach to your application, a **legible** copy of the State Well Permit, Well Record and Well Abandonment form for each of the applicable projects listed in Section B or your application will be rejected.
- Sumps and any other type(s) of well(s) are not considered acceptable experience.

A non-refundable \$50.00 check made out to the "Treasurer, State of New Jersey" should be enclosed with the application and the completed package sent to the following address:

New Jersey Department of Environmental Protection
Examinations & Licensing Unit
PO Box 441
Trenton, New Jersey 08625-0441

Further notice will be sent to you after your application is reviewed and accepted, indicating the date, time and location for your scheduled examination. A location map for the testing center will be included with the notification.

NOTE: NO EXCEPTIONS FOR LATE APPLICATIONS
Applications must be postmarked by the appropriate closing date.

Regularly scheduled examinations will be held during the second or third week of each test month:

	<u>TEST MONTH</u>	<u>APPLICATION CLOSING DATE</u>
(Please circle the appropriate month you wish to be tested →)	June	May 1
	December	November 1

**APPLICATION FOR
NEW JERSEY DEWATERING WELL DRILLER LICENSING EXAMINATION**
under the provisions of N.J.S.A. 58:4A-4.1 et seq.

PLEASE TYPE OR PRINT

A. GENERAL INFORMATION

Name _____ Age _____

Address _____
Street, Town, State & Zip Code

Daytime/Work Phone No. (____) _____ *Social Security No. ____-____-____

**The social security number is required of all individuals applying for any license in accordance with Child Support Act (N.J.S.A. 2A:17-56.44e). Failure to provide this information will result in an automatic rejection of your application.*

Applicant is subject to examination before the New Jersey State Well Drillers and Pump Installers Examining and Advisory Board under the provisions of N.J.S.A. 58:4A-10.

Did you graduate from high school or possess

a high school equivalency certificate? Yes No Year Graduated/GED obtained _____

A copy of your high school diploma or GED certificate must be attached to your application or it will be rejected. List any colleges, universities, vocational and/or business schools attended.

NAME & LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED
		From
		To
		From
		To

B. WORK EXPERIENCE (Attach additional sheets if necessary)

Fill in your prior work experience in the installation and sealing of dewatering well/wellpoint systems. All applicants must indicate the month, day and year for each employment date listed.

NAME, ADDRESS & TELEPHONE NO. OF EMPLOYER	DESCRIBE YOUR DUTIES & RESPONSIBILITIES	DATES EMPLOYED
		From
		To
		From
		To
		From
		To

NEW JERSEY DEWATERING WELL/WELLPOINT SYSTEM EXPERIENCE:

You must list five New Jersey dewatering wells/well point systems you have obtained experience with during construction and sealing within in the last three years as of **the signature date on the application.**

N.J. WELL PERMIT NO. (where applicable)	NJ WELL DRILLER/ DEWATERING WELL DRILLER WHO SUPERVISED YOUR WORK	PROJECT NAME	DEPTH & DIAMETER OF DEWATERING WELL/WELL POINTS	METHOD OF DRILLING	METHOD OF SEALING	DATE OF COMPLETION OF PROJECT
1.						
2.						
3.						
4.						
5.						

C. VERIFICATION OF WORK EXPERIENCE

Please list the names and pertinent information of the two references who will verify your work experience on the construction and sealing of the dewatering wells/well point systems listed above in Section B of this application.

One of your two references must be a NJ Licensed Master, Journeyman or Dewatering Well Driller. The well driller(s) of record whose name and NJ Well Driller Registration number appear on the State well record forms submitted as per Section B above must be the well driller(s) who supervised your work and must also be the individual(s) listed as your reference(s) on forms ADM-166B.

NAME	ADDRESS	PHONE NUMBER	N.J. WELL DRILLER/ DEWATERING WELL DRILLER REGISTRATION NO. (if applicable)
1.		()	
2.		()	

D. OATH OF APPLICANT

I, the undersigned applicant, certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.

Signature of Applicant

Date

State of _____

County of _____

Sworn to and subscribed before me this _____ day of _____ 20 _____

Notary Public

(Official Seal)

REMINDER

- HAVE YOU INDICATED WHICH TEST MONTH YOU WISH TO TAKE YOUR EXAMINATION?
- HAVE YOU COMPLETED ALL APPROPRIATE SECTIONS OF YOUR APPLICATION AND ATTACHED LEGIBLE COPIES OF ALL PERTINENT INFORMATION?
- HAVE YOU ATTACHED YOUR TWO SIGNED AND NOTARIZED REFERENCE QUESTIONNAIRE FORMS, ADM-166B.
- HAVE YOU SIGNED AND NOTARIZED ALL APPROPRIATE PORTIONS OF YOUR APPLICATION?
- HAVE YOU ATTACHED YOUR NON-REFUNDABLE \$50.00 APPLICATION FEE PAYABLE TO "TREASURER, STATE OF NEW JERSEY"?

New Jersey Department of Environmental Protection
General Services
Examination & Licensing Unit
PO Box 441, Trenton, NJ 08625-0441

**REFERENCE QUESTIONNAIRE
AND VERIFICATION OF EXPERIENCE**

PLEASE PRINT

Applicant's Name _____

I. EXPERIENCE QUESTIONNAIRE

1. How many years/months have you supervised the applicant in well drilling activities?

FROM: Month _____ Year _____ TO: Month _____ Year _____

2. List the well drilling operations you have supervised the applicant with during the actual drilling of wells.

Please list as follows:

Type of Well	Depth of Well	Drilling Method	Date Drilled	N.J. Well Permit No. (if applicable)

II. NOTARIZED OATH OF REFERENCE

I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.

Name of Reference (Please Print)

Signature of Reference

N.J. Well Driller's Registration # _____
(if applicable)

Sworn to and subscribed
before me this _____ day

of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

New Jersey Department of Environmental Protection
General Services
Examination & Licensing Unit
PO Box 441, Trenton, NJ 08625-0441

**REFERENCE QUESTIONNAIRE
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Name of Reference (Please Print)

Signature of Reference

N.J. Well Driller's Registration # _____
(if applicable)

Sworn to and subscribed
before me this _____ day

of _____ A.D. 20 _____

(Official Seal)

Signature of Notary Public

APRIL 2007

DEWATERING WELL DRILLER LICENSE

LIST OF SUGGESTED STUDY MATERIALS

“New Jersey Subsurface and Percolating Waters Act (N.J.S.A. 58:4A-4.1 et seq) and implementing regulations” (An applicant will be responsible for knowing those portions of the laws and regulations which pertain to the specific license category for which they have applied.)

The three publications listed below are available from:

National Ground Water Association
601 Dempsey Road
Westerville, OH 43081
Phone: 1-800-551-7379
Web Site: www.ngwa.org

**“Groundwater and Wells”, Driscoll (1986)
Johnson Division**

“NGWA Supervisors Safety Manual”

“Procedures for Well Drilling Operations(CD)”