

New Jersey Department of Environmental Protection
Division of Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting

OFFICE USE ONLY
App. Fee _____
Ch # _____
Date _____
Status (App/Rej) _____
Staff _____
Prev. Exams _____

APPLICATION FOR
NEW JERSEY SOIL BORER LICENSING EXAMINATION
INSTRUCTION SHEET

Enclosed is an application and study material for the New Jersey Soil Borer Licensing Examination.

- All applicants **must** circle the appropriate test month.
- Applicants who have been approved to take this license exam within the last year are considered to be Pre-approved. Pre-approved candidates are eligible to sit for up to four consecutive testing dates from the date of the original approval. Pre approved candidates are only required to complete Section A-1.
- New applicants **must** attach a copy of their high school diploma or GED certificate to the application.
- New applications **must** submit a completed application package, including two reference questionnaires, Form ADM-166B, and a notarized oath (page 4) or your application will be rejected.
- New Applicants: In order to qualify for the New Jersey Soil Borer Licensing Examination you **must** have at least three years of soil boring experience as of **the signature date of your application**. All applicants **must** list five Category 5 wells in Section B. One of the five Category 5 wells listed must be in excess of 50 feet in depth and must have been sealed by the pressure grouting method or your application will be rejected.
- New Applicants: You must attach to your application, a **legible** copy of the appropriate State Well Drilling Permit, Well Record/Well Decommissioning Report (as applicable) for the permitted Category 5 well(s) you list in Section B or your application will be rejected. For those Category 5 wells where a well drilling permit was not required, please submit copies of the boring logs.
- All applicants must submit a non-refundable \$50.00 check made out to the “Treasurer, State of New Jersey” with this completed application and required attachments to the following address:

Mail Code 401-04Q
NJ DEP
Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting
PO Box 420
Trenton, NJ 08625-0420

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

Test month	Application deadline	Were you previously approved to take this exam? (Yes or No)	Month/year of pre-approval
April	March 1		Month:
June	May 15		
October	September 1		
December	November 15		Year:

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

Please Type or Print Clearly

Part A. GENERAL INFORMATION

Section A-1 Contact Information:

Name: _____ Age _____

Address _____
Street, Town, State & Zip Code

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

Email address: _____ Current Employer: _____

**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. Social security numbers are not publicly released.*

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.

Section A-2 Education: Did you graduate from high school or do you possess a high school equivalency certificate?

Circle one: Yes No Specify the year you graduated from HS or received your GED: _____

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	
		From	
		To	

Section B. WORK EXPERIENCE (Attach additional sheets if necessary)

Fill in your prior work experience as it relates to the installation and decommissioning of Category 5 Wells.

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	
		From	
		To	

NEW JERSEY WELL DRILLING EXPERIENCE:

You must list five Category 5 wells you have obtained experience with during actual drilling and sealing within the last three years as of **the signature date on the application**.

NOTE: One of the Category 5 wells, listed must be greater than 50 feet in depth, have the New Jersey State Well Permit Number noted and must have been sealed by the pressure grouting method.

N.J. WELL PERMIT NO.	NAME & REGISTRATION NO. OF NJ WELL DRILLER/ SOIL BORER WHO SUPERVISED YOUR WORK	DATE OF DRILLING	DEPTH OF SOIL BORING	METHOD OF DRILLING	METHOD OF SEALING SOIL BORING
1.					
2.					
3.					
4.					
5.					

Section C. VERIFICATION OF WORK EXPERIENCE

Please list the names and pertinent information of the two references who will verify your work experience in the actual drilling and sealing of the Category 5 wells listed above in Section B of this application. Each of these two references must complete and notarize a Reference Questionnaire or your application will be rejected. You may need to add additional references to cover the minimum number of required years of drilling experience if you have either changed employers or worked under the supervision of multiple licensed well drillers.

One of your two references must either be a N.J. Licensed Master Well Driller, Journeyman/Journeyman B Well Driller, Monitoring Well Driller or a N.J. Licensed Soil Borer. 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.

For those Category 5 wells where a well drilling permit was not required, please submit copies of the boring logs.

NAME	ADDRESS	PHONE NUMBER	N.J. 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”?

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.

Contact Us If You Have Any Questions:

Web: nj.gov/dep/watersupply/well.htm

Email: wellpermitting@dep.state.nj.us

Phone: 609-984-6831

Fax: 609-633-1231

New Jersey Department of Environmental Protection
Division of Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting

**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
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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

SOIL BORING 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.)

“NJDEP Field Sampling Procedures Manual”, August 2005

Available on-line at: www.state.nj.us/dep/srp/guidance/fspm

NJ One-Call Information

1-800-272-1000

Web Site: www.nj1-call.org

The **ASTM Standards** listed below are available from:

ASTM International
100 Barr Harbor Drive
West Conshohocken, PA 19428
1-610-832-9585
Web Site: www.astm.org

ASTM Standard D1586-99, “Standard Test Method for Penetration Test and Split-Barrel Sampling of Soils”
ASTM Standard D1587-00, “Standard Practice for Thin-Walled Tube Sampling of Soils for Geotechnical Purposes”

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)”