ADM-235
6/01

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

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

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 on the application, and have constructed and sealed at least five dewatering well/wellpoint systems within the past three years. One of the five dewatering well/well point systems listed must have contained wells that were greater than 25 feet in depth and must have been sealed by the pressure grout method or your application will be rejected.**
- **You must attach to your application, a legible copy of the State Well Drilling 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 $35.00 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.

	TEST MONTH	APPLICATION CLOSING DATE
(Please circle the appropriate month your 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 Number _____ - _____ - _____
Area Code

The social security number is required of all individuals applying for any license in accordance with Child Support Act (N.J.S.A. 2A:17-56.4e). 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 AND LOCATION OF SCHOOL	MAJOR AREA OF STUDY	DATES ATTENDED
		From
		To
		From
		To
		From
		To

B. WORK EXPERIENCE - 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.

(Attach additional sheets if necessary)

NAME, ADDRESS AND TELEPHONE # OF EMPLOYER	DESCRIBE YOUR DUTIES & RESPONSIBILITIES	DATES EMPLOYED
		From
		To
		From
		To
		From
		To
		From
		To

(Continued on reverse side)

New Jersey Dewatering Well/Wellpoint System Experience

List a minimum of five New Jersey dewatering wells/well point systems you have obtained experience with during actual on-site construction and sealing within in the last three years as of the signature date on the application

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

C. VERIFICATION OF WORK EXPERIENCE

Applicant must provide the names of at least two references who can verify your work experience on the construction and sealing of the dewatering wells/well point systems listed above in Section B of this application.

NOTE: One of your two (2) references must be either a N.J. licensed Master, Journeyman or Dewatering Well Driller. The well driller(s) of record whose name and N.J. well driller registration number appears on the 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).

NAME	ADDRESS	PHONE NO.	N.J. WELL DRILLER/ DEWATERING WELL DRILLER REGISTRATION NUMBER (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_____

(Official Seal)

_____

Notary Public

REMINDER:

•Have you completed all appropriate sections of your application and attached legible copies of all pertinent information?

•Have you signed and notarized your application?

•Have you attached your two signed and notarized reference questionnaires, Forms ADM-166B?

•Have you attached your non-refundable $35.00 application fee payable to **"Treasurer, State of New Jersey"**?

•Have you indicated which test month you wish to take your examination?

ADM-166B
6/01

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 # (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

ADM-166B
6/01

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

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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

October 2003

DEWATERING WELL DRILLING LICENSE

LIST OF SUGGESTED STUDY MATERIALS

"Ground Water & Wells",Driscoll (1986)
Smythe Companies of Austin
Att: Book Orders
508 10th Street N.E.
Austin, MN 55912
Phone: 800-397-6110

The following three publications are available from:
National Ground Water Association
601 Dempsey Road
Westerville, OH 43081
Phone: 800-551-7379
Fax: 614-898-7786
Web site: www.ngwa.org (the on-line store)

1. **"Employee Safety Manual"**
2. **"Well Drilling Operations"**
3. **"Well Drilling Manual"**

"NJ High Voltage Proximity Regulations"

"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.)