

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

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

**APPLICATION FOR  
NEW JERSEY MASTER WELL DRILLING  
LICENSING EXAMINATION INSTRUCTION SHEET**

Enclosed is an application and study material for the New Jersey Master Well Drilling 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 applications **must** submit a completed application package and a notarized oath (page 4) or your application will be rejected.
- New Applicants: In order to qualify for the New Jersey Master Well Drilling Licensing Examination you **must** possess a valid New Jersey Journeyman Well Driller License for two years **and** have at least five years of drilling experience as of **the signature date of your application.**
- New Applicants **must** list five permitted wells in Section B.
- New Applicants: You must attach to your application, a **legible** copy of the State Well Drilling Permit and Well Record for each of the five wells you list in Section B or your application will be rejected
- 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		Year:
December	November 15		

**APPLICATION FOR NEW JERSEY  
MASTER WELL DRILLER 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:**

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, maintenance and decommissioning of 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	

List all pertinent information regarding your New Jersey Journeyman Well Driller license.

**N.J. Journeyman  
Registration No.**

**Original Date Issued**

**Expiration Date**

_____	_____	_____
_____	_____	_____

Do you possess any out-of-state Well Driller License(s)? (Circle one) Yes No

If Yes, please list below and attach copy of your license.

**State Issued**

**License Number**

**Date Issued**

**Expiration Date**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**NEW JERSEY WELL DRILLING EXPERIENCE:** You must list five Category 1, 2 or 3 wells (any combination) that you have drilled within the last three years as of **the signature date on the application.**

**NOTE:** The state well records for all wells listed below must depict your name as the well driller of record or your application will be rejected.

N.J. WELL PERMIT NO.	DATE OF DRILLING	DEPTH OF WELL	WELL USE (TYPE OF WELL)	METHOD OF DRILLING
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 wells listed above in Section B of this application.

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 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](http://nj.gov/dep/watersupply/well.htm)

Email: [wellpermitting@dep.state.nj.us](mailto:wellpermitting@dep.state.nj.us)

Phone: 609-984-6831

Fax: 609-633-1231

APRIL 2007

## **JOURNEYMAN & MASTER WELL DRILLING 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” \*\***

**“New Jersey Safe Drinking Water Act (N.J.S.A. 58:12A-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](http://www.state.nj.us/dep/srp/guidance/fspm)

#### **NJ One-Call Information**

**1-800-272-1000**

**Web Site: [www.nj1-call.org](http://www.nj1-call.org)**

The following eight publications are available from:

National Ground Water Association

601 Dempsey Road

Westerville, OH 43081

Phone: 1-800-551-7379

Fax: 1-614-898-7786

E-mail: [ngwa@ngwa.org](mailto:ngwa@ngwa.org)

1. **“Groundwater and Wells”, Driscoll (1986)  
Johnson Division**
2. **“Water Well Drillers Beginning Training Manual”**
3. **“NGWA Supervisors Safety Manual”**
4. **“Procedures for Well Drilling Operations(CD)”**
5. **“Manual on the Selection and Installation of Thermoplastic Water Well Casing”**
6. **“Water Well Handbook, 7<sup>th</sup> edition”**
7. **“Basic Water Systems: A Pump and Training Manual”**
8. **“Ground Water Hydrology for Water Well Contractors”**

The following ASTM Standards are available from:

ASTM International  
100 Barr Harbor Drive  
West Conshohocken, PA 19428  
1-610-832-9585  
Web Site: [www.astm.org](http://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”

**ASTM Standard F480-00**, “Standard Specification for Thermoplastic Well Casing Pipe and Couplings Made in Standard Dimension Ratios (SDR), SCH 40 and SCH 80”

**ASTM Standard D5092-90(1995)e1**, “Standard Practice for Design and Installation of Ground Water Monitoring Wells in Aquifers”

**"Water Systems Handbook 11<sup>th</sup> Edition", available from:**

Water Systems Council  
National Programs Office  
1101 30<sup>th</sup> Street N.W., Suite 500  
Washington, DC 20007  
Phone: 888-395-1033  
Fax: 301-464-8842  
Web Site: [www.watersystemscouncil.org](http://www.watersystemscouncil.org)