



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER SUPPLY

401 Church Street
6th Floor, L & C Tower
Nashville, Tennessee 37243-1549

APPLICATION FOR A WELL DRILLER OR INSTALLER LICENSE

RETURN TO: State of Tennessee
Department of Environment & Conservation
Division of Water Supply – Fee Section
401 Church Street, 6th Floor L & C Tower
Nashville, TN 37243-1549

**** USE TYPEWRITER OR PRINT IN INK ****

- (1) APPLICANT'S NAME _____
First Middle Last
You must attach a copy of Driver's License photo ID
- (2) DATE OF BIRTH ____/____/____ SOCIAL SECURITY NO. _____
- (3) EDUCATION: Circle Highest Grade Completed 1 2 3 4 5 6 7 8 9 10 11 12
College 1 2 3 4 Other _____
- (4) FIRM NAME _____
- (5) BUSINESS ADDRESS: Street _____
City _____ State _____ Phone # (____) _____
Zip Code _____ County _____ Fax # (____) _____
- (6) HOME ADDRESS (If different from business address)
Street _____ Phone # (____) _____
City _____ State _____ Zip Code _____
- (7) HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes _____ No _____
- (8) TYPE OF INDIVIDUAL LICENSE APPLIED FOR
Driller License: WATER WELL _____
MONITOR WELL _____
GEOTHERMAL WELL _____
Installer License: PUMP _____
WATER TREATMENT _____
CLOSED LOOP _____
A licensed geothermal well driller is not required to obtain a separate closed loop installer license to install Closed loops in geothermal boreholes.
- (9) NUMBER OF EMPLOYEES _____ YEARS IN SERVICE _____

- (10) DO YOU HOLD A SIMILAR LICENSE IN ANY OTHER STATE? Yes _____ No _____
List type of license and state (enclose copy of license) _____

- (11) LIST ANY OTHER RELATED PROFESSIONAL LICENSE YOU HOLD (enclose copy of license)

- (12) ARE YOU CURRENTLY NGWA CERTIFIED? Yes _____ No _____
List areas of certification (enclose copy) _____

(NGWA is the National Ground Water Association)
- (13) LIST COUNTIES IN TENNESSEE IN WHICH YOU PLAN TO DO BUSINESS _____

- (14) LIST TYPES OF RIGS OR EQUIPMENT THAT YOU OPERATED TO OBTAIN YOUR EXPERIENCE
Drilling Wells _____

Installing Pumps _____

Installing Closed Loops _____

(A) LIST NUMBER AND TYPE OF RIGS OR EQUIPMENT YOU INTEND TO OPERATE
Number of Drill Rigs _____ Type _____

Number of Pump Rigs _____ Type _____

Other equipment _____

(B) LIST NAMES AND ADDRESSES OF EMPLOYEES YOU INTEND TO SUPERVISE

- (15) HAVE YOU INSTALLED OR SERVICED PUMPS? Yes _____ No _____
(A) LIST TYPES OF PUMPS INSTALLED _____

(B) AVERAGE DEPTH INSTALLED _____ FT.
(C) YEARS EXPERIENCE INSTALLING PUMPS _____ YEARS.

(16) HAVE YOU INSTALLED OR SERVICED CLOSED LOOP LINES IN GEOTHERMAL WELLS?
Yes _____ No _____

(A) APPROXIMATE DEPTH OF CLOSED LOOPS _____ FT.

(17) WILL YOU INSTALL WATER TREATMENT DEVICES? Yes _____ No _____

(A) LIST TYPES OF DEVICES TO BE INSTALLED _____

(B) YEARS EXPERIENCE INSTALLING TREATMENT UNITS _____ YEARS

(18) EMPLOYMENT FOR LAST FIVE YEARS (Begin with present occupation)

(A) EMPLOYER _____
ADDRESS _____
PHONE # (_____) _____ FROM _____ TO _____
JOB DESCRIPTION _____

(B) EMPLOYER _____
ADDRESS _____
PHONE # (_____) _____ FROM _____ TO _____
JOB DESCRIPTION _____

(C) EMPLOYER _____
ADDRESS _____
PHONE # (_____) _____ FROM _____ TO _____
JOB DESCRIPTION _____

(D) EMPLOYER _____
ADDRESS _____
PHONE # (_____) _____ FROM _____ TO _____
JOB DESCRIPTION _____

ANSWER EITHER QUESTION #19 OR #20
#####

(19) PROVIDE THIS OFFICE WITH A LIST OF **TEN WELLS YOU** HAVE DRILLED FOR EACH TYPE LICENSE APPLIED FOR, CONSTRUCTED, AND/OR INSTALLED PUMPS, CLOSED LOOP LINES OR WATER TREATMENT DEVICES ON, WITHIN THE LAST TWO YEARS. DENOTE WHO SUPERVISED THE WORK AND INDICATE THEIR LICENSE NUMBER.

All applicants must have actual ‘hands on’ operational experience in the type of license they are applying for. For example: A person applying for a driller license must have experience in operating a drill rig and have a practical understanding of how to go about drilling a well or borehole. Supervising or observing a well or borehole being drilled does not qualify as experience. Installers must also have “hands on” experience in the license they wish to obtain.

(USE ATTACHMENT "A")

INCLUDE THE FOLLOWING MINIMUM INFORMATION FOR EACH WELL:

1. Name and address of well owner
2. Location
3. Major construction features: depth, casing, backfill, yield, water quality, etc.
4. Date completed, and intended use
5. Type work done and approximate cost
6. Who supervised work performed at site

- (20) ATTACH COPIES OF OCCUPATIONAL LICENSES OR CERTIFICATES COVERING TWO YEARS INDICATING THAT THE APPLICANT HAS BEEN ENGAGED IN THE OCCUPATION FOR WHICH A LICENSE IS BEING SOUGHT.

A COPY OF THE WELL DRILLER'S ACT AND RULES AND REGULATIONS WERE ENCLOSED WITH THIS APPLICATION. READ CAREFULLY AND SIGN THE FOLLOWING STATEMENT. CONTACT THIS OFFICE IF THERE ARE ANY QUESTIONS.

I CERTIFY THAT THE ABOVE STATEMENTS ARE TRUE TO THE BEST OF MY KNOWLEDGE, AND THAT I HAVE READ THE REQUIREMENTS OF THE DRILLER'S ACT (T.C.A. 69-11-103 ET. SEQ.) AND THE RULES AND REGULATIONS (CHAPTER 0400-4-2) PERTAINING TO WELL DRILLERS AND INSTALLERS, AND THAT ALL WORK PERFORMED BY ME AND THOSE UNDER MY SUPERVISION WILL BE IN ACCORDANCE WITH THE ABOVE STATUTES AND REGULATIONS.

SIGNATURE OF APPLICANT _____ DATE _____

LIST BELOW ANY ADDITIONAL ATTACHMENTS TO YOUR APPLICATION

ALL APPLICANTS MUST TAKE THE GENERAL EXAM WHICH TESTS AN APPLICANT'S BASIC KNOWLEDGE OF GROUND WATER AND WELL CONSTRUCTION.

PLACE AN "X" ON THE LINE NEXT TO THE SPECIALTY EXAM CATEGORIES (LISTED BELOW) YOU HAVE CHOSEN TO TAKE.

SPECIALTY EXAM CATEGORIES

(W) WATER WELL DRILLER

- ____ A CABLE TOOL DRILLING
____ B AIR ROTARY DRILLING
____ C MUD ROTARY DRILLING

(T) WATER TREATMENT INSTALLER

- ____ A WATER TREATMENT

(L) CLOSED LOOP INSTALLER

- ____ A CLOSED LOOP

(M) MONITOR WELL DRILLER

- ____ A MONITOR WELL DRILLING

(G) GEOTHERMAL

- ____ A GEOTHERMAL WELL DRILLING

(P) PUMP INSTALLER

- ____ A PUMP INSTALLATION

ATTACHMENT A
"LIST OF TEN WELLS"

LIST **TEN WELLS** THAT **YOU** HAVE DRILLED, PUMPS, OR CLOSED LOOP SYSTEMS YOU HAVE INSTALLED, OR WATER TREATMENT DEVICES YOU HAVE INSTALLED WITHIN THE LAST TWO YEARS. PRINT AND GIVE COMPLETE INFORMATION (DENOTE THE LICENSED INDIVIDUAL WHO SUPERVISED YOUR WORK). INCLUDE TEN WELLS FOR *EACH* LICENSE CATEGORY FOR WHICH YOU WISH TO APPLY.

(1) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

(2) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____

___ WATER TREATMENT, Supervised by _____

DATE COMPLETED _____ USE _____ TOTAL DEPTH _____

TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm

WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____

TYPE WATER TREATMENT _____

(3) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WELL LOCATED _____ RD PHONE # (____) _____

___ DRILLED WATER WELL, Supervised by _____

___ DRILLED MONITOR WELL, Supervised by _____

___ DRILLED GEOTHERMAL WELL, Supervised by _____

___ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____

___ INSTALLED PUMP, Supervised by _____

___ WATER TREATMENT, Supervised by _____

DATE COMPLETED _____ USE _____ TOTAL DEPTH _____

TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm

WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____

TYPE WATER TREATMENT _____

(4) NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

WELL LOCATED _____ RD PHONE # (____) _____

___ DRILLED WATER WELL, Supervised by _____

___ DRILLED MONITOR WELL, Supervised by _____

___ DRILLED GEOTHERMAL WELL, Supervised by _____

___ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____

___ INSTALLED PUMP, Supervised by _____

___ WATER TREATMENT, Supervised by _____

DATE COMPLETED _____ USE _____ TOTAL DEPTH _____

TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm

WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____

TYPE WATER TREATMENT _____

(5) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

(6) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

(7) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

(8) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

(9) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

(10) NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____
WELL LOCATED _____ RD PHONE # (____) _____
____ DRILLED WATER WELL, Supervised by _____
____ DRILLED MONITOR WELL, Supervised by _____
____ DRILLED GEOTHERMAL WELL, Supervised by _____
____ INSTALLED GEOTHERMAL CLOSED LOOP IN WELL, Supervised by _____
____ INSTALLED PUMP, Supervised by _____
____ WATER TREATMENT, Supervised by _____
DATE COMPLETED _____ USE _____ TOTAL DEPTH _____
TYPE CASING _____ AMOUNT CASING _____ YIELD _____ gpm
WATER QUALITY _____ DEPTH PUMP SET _____ TYPE _____
TYPE WATER TREATMENT _____

OFFICE USE ONLY
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APPLICANT'S NAME _____

DATE APPLICATION RECEIVED _____ BY _____

FEE RECEIVED ____/____/____ AMOUNT _____

DEPOSIT ____/____/____ RECEIPT # _____ CD # _____

TYPE LICENSE APPLIED FOR

_____ WATER WELL DRILLER LICENSE:	\$100.00
_____ MONITOR WELL DRILLER LICENSE	\$100.00
_____ GEOTHERMAL WELL DRILLER LICENSE	\$100.00
_____ PUMP INSTALLER LICENSE	\$ 50.00
_____ WATER TREATMENT INSTALLER LICENSE	\$ 50.00
_____ CLOSED LOOP INSTALLER LICENSE	\$ 50.00

TEST SCORES

TEST DATE

_____ GENERAL EXAM	____/____/____
_____ A. CABLE TOOL WATER WELL DRILLING	____/____/____
_____ B. AIR ROTARY WATER WELL DRILLING	____/____/____
_____ C. MUD ROTARY WATER WELL DRILING	____/____/____
_____ D. MONITOR WELL DRILLING	____/____/____
_____ E. GEOTHERMAL WELL DRILLING	____/____/____
_____ F. PUMP INSTALLATION WATER WELLS	____/____/____
_____ G. WATER TREATMENT EQUIPMENT	____/____/____
_____ H. CLOSED LOOP INSTALLER	____/____/____

BOARD APPEARANCE ____/____/____

BOARD'S RECOMMENDATION TO LICENSE:

_____ WATER WELL DRILLER LICENSE:	_____ APPROVED _____ DISAPPROVED
Date License issued ____/____/____	
_____ MONITOR WELL DRILLER LICENSE	_____ APPROVED _____ DISAPPROVED
Date License issued ____/____/____	
_____ GEOTHERMAL WELL DRILLER LICENSE	_____ APPROVED _____ DISAPPROVED
Date License issued ____/____/____	
_____ PUMP INSTALLER LICENSE	_____ APPROVED _____ DISAPPROVED
Date License issued ____/____/____	
_____ WATER TREATMENT INSTALLER LICENSE	_____ APPROVED _____ DISAPPROVED
Date License issued ____/____/____	
_____ CLOSED LOOP INSTALLER LICENSE	_____ APPROVED _____ DISAPPROVED
Date License issued ____/____/____	

LICENSE NUMBER _____ W M G P T L