



**STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER RESOURCES-DRINKING WATER UNIT**

William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102

APPLICATION FOR A WELL DRILLER OR INSTALLER LICENSE

RETURN TO: State of Tennessee
Department of Environment & Conservation
Division of Water Resources-Drinking Water Unit
William R. Snodgrass - Tennessee Tower
312 Rosa L. Parks Avenue, 11th Floor
Nashville, Tennessee 37243-1102
Water.Well@tn.gov

**** TYPE OR PRINT IN INK ****

(1) Applicant' Name _____
First Middle Last

Email Address _____

You must attach a copy of Driver's License photo ID

(2) Date of Birth ____/____/____ Social Security # _____
* You must put your social security number on this form for the application to be complete. State and federal law require a social security number to be provided on this application, Tenn. Code Ann. § 36-5-1301(a) and 42 U.S.C. § 405(c)(2)(C)(i). The number may be used to verify your identity, to ask questions about your financial responsibility, or for any other purpose allowed by state or federal law. When you provide your social security number you are agreeing that the Department of Environment and Conservation may use your social security number in furtherance of federal and state law, for example to collect delinquent fees.

(3) Education: Highest Grade Completed _____
College _____ 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 _____
Borehole Only (Geothermal) _____
Installer License: Pump _____
Water Treatment _____
Well Closure _____
Closed Loop _____

- (9) Number of Employees _____ Years In Service _____
- (10) Are you licensed 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) _____

- (13) List counties in Tennessee in which you plan to do business _____

- (14) List types of rigs that you operated to obtain your experience
Drilling Wells _____

Installing Pumps _____

(A) List number and type of rigs you intend to operate
Number of Drill Rigs _____ Type _____

Number of Pump Rigs _____ Type _____

(B) List names and addresses of employees you intend to supervise

- (15) Have you installed or serviced pumps? Yes _____ No _____
(A) List of pumps installed _____

(B) Average depth installed _____ ft.
(C) Years of 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 installed _____

 (B) Years of experience installing treatment units _____ Years
- (18) Employment for the 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 _____

- (E) Employer _____
 Address _____
 Phone # _____ From _____ To _____
 Job Description _____

ANSWER EITHER QUESTION #19 OR #20
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- (19) Using Attachment "A", list **TEN WELLS** for each type of license applied for that you have either constructed or 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.

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 (2) 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 am a: ☐ U.S. Citizen ☐ Qualified Alien as defined in 8 U.S.C. §1641(b) (If a U.S. Citizen this application must be accompanied by a **copy of one of the following:** TN state-issued ID or driver's license, birth certificate issued by a U.S. state, valid unexpired US. Passport, social security card, or another specific document that proves citizenship. If a Qualified Alien this application must be by **two documents acceptable by the U.S. Dept. of Homeland Security's SAVE verification program.**)

I certify, under penalty of law, including but not limited to penalties for perjury, that this document and all attachments were prepared by me, or under my direction or supervision; that all of the submitted information is to the best of my knowledge and belief true, accurate, and complete; and that I am lawfully present in the United States as a U.S. citizen or a qualified alien as defined in 8 U.S.C. §1641(b). I understand that the penalties for providing false information and making false or fraudulent statements or representations include revocation of my permit or license, civil penalties, and/or criminal prosecution resulting in a fine, imprisonment, or both.

Signature of Applicant _____ Date _____

List below any additional attachments to your application

All applicants must take the GENERAL EXAM which tests and applicant's basic knowledge of groundwater 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

(M) Monitor Well Driller

- ____ A Monitor Well Drilling

(G) Geothermal

- ____ A Geothermal Well Drilling

(T) Water Treatment Installer

- ____ A Water Treatment

(P) Pump Installer

- ____ A Pump Installation
____ B Closed Loop Installation

ATTACHMENT A

"List of Ten Wells"

List **TEN WELLS** for each type of license applied for that you have either constructed or 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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

(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 Treatment Water _____

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OFFICE USE ONLY

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Applicant's Name _____

Date Application Received _____ By _____

Fee Received _____ / _____ / _____ Amount _____ Check# _____

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
_____ Well Closure	\$100.00
_____ Borehole Only	\$100.00
_____ Pump Installer License	\$ 50.00
_____ Water Treatment Installer License	\$ 50.00
_____ Closed Loop Installer	\$ 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 Drilling	_____ / _____ / _____
_____ D. Monitor Well Drilling	_____ / _____ / _____
_____ E. Geothermal Well Drilling	_____ / _____ / _____
_____ F. Well Closure	_____ / _____ / _____
_____ G. Pump Installation	_____ / _____ / _____
_____ H. Water Treatment Equipment	_____ / _____ / _____
_____ I. Closed Loop Installer	_____ / _____ / _____
_____ J. Borehole Only	_____ / _____ / _____

Board Appearance _____ / _____ / _____

Board's Recommendation to License:

_____ Water Well Driller License : Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Monitor Well Driller License Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Geothermal Well Driller License Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Well Closure License Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Pump Installer License Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Water Treatment Installer License Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Closed Loop Installer Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved
_____ Borehole Only Date License issued _____ / _____ / _____	_____ Approved	_____ Disapproved

License Number _____ W M G P T L C B