

# WATER WELL CONTRACTOR LICENSE

## Application Form

1. **APPLICANT:** Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email \_\_\_\_\_

2. **BUSINESS:** Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Telephone Number \_\_\_\_\_  
Email \_\_\_\_\_

3. **EXPERIENCE RECORD:**

(a) Have you ever been denied a driller's license or had a driller's license revoked, cancelled, or suspended by any state? \_\_\_yes \_\_\_no

**If you checked yes, provide the details in Block 6 ADDITIONAL INFORMATION / COMMENTS including the date and reason the action was taken, and the state in which the action was taken.**

(b) How many years of experience do you have in drilling, where you were actually responsible for operating the drilling rig? \_\_\_\_\_

(c) How many drilling projects have you completed in the past five (5) years? \_\_\_\_\_

(d) Of the number included in 3(c), how many were: Home wells \_\_\_\_\_ Industrial wells \_\_\_\_\_  
Public Water Supply wells \_\_\_\_\_ Irrigation wells \_\_\_\_\_ Geotech boreholes \_\_\_\_\_  
Ground source heat pump holes \_\_\_\_\_ Monitoring wells \_\_\_\_\_  
Seismic exploration holes \_\_\_\_\_ Other (specify) \_\_\_\_\_

(e) What was the depth of the deepest well or borehole you have drilled? \_\_\_\_\_

(f) What was the diameter of the largest well or borehole you have drilled? \_\_\_\_\_

(g) Are you a licensed driller in another state? \_\_\_\_\_ If so, What state? \_\_\_\_\_

(Attach a copy of your current license from the state named above to this application.)

**4. REFERENCES:** Provide the names and contact information for three industry professionals or other individuals who have supervised your work and/or have firsthand knowledge of your qualifications and experience as a driller/contractor.

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_ Telephone No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**5. DESCRIPTION OF DRILLING EQUIPMENT YOU WILL USE, IF YOU ARE LICENSED:** (a) Drill Rig:

Make and Model \_\_\_\_\_

(b) Water Tank Truck: Make and Model \_\_\_\_\_

(c) If the above listed equipment is owned by someone other than yourself, provide the name, telephone number, and address of the owner:

(d) If the equipment you plan to use is not commercially manufactured, attach a detailed description and photograph of the equipment.

***(If this application is approved, applicant must also submit drill rig registration form within ten days after license is issued.)***

Maximum Capability (depth in feet) \_\_\_\_\_

**6. ADDITIONAL INFORMATION / COMMENTS:**

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7. I hereby certify, under penalty of revocation of any license issued pursuant to this application, that the information I have provided in this application is true and correct, to the best of my knowledge. I further grant my references authority to provide information regarding my experience and qualifications as a well driller to the Mississippi Department of Environmental Quality in support of this application.

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Signature of Applicant \_\_\_\_\_ Printed Name \_\_\_\_\_

NOTARY:

STATE OF \_\_\_\_\_, COUNTY OF \_\_\_\_\_

THIS DAY, \_\_\_\_\_ personally came and appeared before the undersigned authority in and for the aforesaid jurisdiction.

SWORN to and subscribed before me on this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My Commission expires: \_\_\_\_\_

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NOTARY PUBLIC