



Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 2309
Jackson, MS 39225

Driller and/or Pump Installer License
Application Form

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

2. **BUSINESS:** Company Name _____
Address _____
City _____ State _____ Zip _____
Telephone Number _____
Email _____

Primary Mailing Address: [] Applicant [] Business

3. **LICENSE TYPE:** (check all that apply)

- ☐ Unrestricted Water Well Contractor
(Includes water wells, all restricted drilling and pump installation)
- ☐ Restricted to Geotechnical Drilling
(Includes geotechnical, monitoring well and geothermal drilling)
- ☐ Restricted to Seismic Drilling
- ☐ Restricted to Pump Installation
- ☐ Restricted to OTHER (specify): _____

4. **EXPERIENCE RECORD:**

QUALIFYING EXPERIENCE is defined as being gained while working under the direct supervision of a licensee, Water Well Contractor/Restricted Driller/Pump Installer, engaged in the business or practice for which the license is being sought.

(a) How many years of experience do you have:

Related to the type of license you are seeking, in total? _____

While under direct supervision of an active licensee? _____

While in responsible charge of all drilling/installation activities? _____

(b) Please list the number of projects you have completed over the past five (5) years: (projects must match license type chosen above)

Home Wells.....	Heat Pump Holes.....
Industrial Wells.....	Monitoring Wells.....
Public Water Supply Wells.....	Seismic Exploration Holes.....
Irrigation Wells.....	Pump Installations.....
Geotechnical Boreholes....	Pump Repairs.....
Other (specify).....	

(c) If applying for a driller's license:

What is the depth of the deepest well/borehole you have drilled? _____

What is the diameter of the largest well/borehole you have drilled? _____

(d) MS Board of Contractor's License Number (if applicable): _____

All contractors and subcontractors performing work on **commercial jobs over \$50,000** (including installation of equipment), are required to have a commercial license issued by MSBOC. Please visit <https://www.msbooc.us/general-info/frequently-asked-questions/> for more information.

(e) Have you ever been denied a driller/contractor/pump installer license or had a driller/contractor/pump installer license revoked, cancelled, or suspended by any state? ____ YES ____ NO

***If you check YES, provide the details in Block 7. ADDITIONAL INFORMATION/COMMENTS, including the state of occurrence, date and reason the action was taken.**

(f) Are you licensed as a driller/pump installer in another state?

____ YES please list state(s): _____

(Attach a copy of your current, active license from the state(s) listed above)

____ NO Complete the attached work record section of this application.

5. REFERENCES:

(a) Provide the names, license numbers, licensing state, and contact information for at least one (1) but not more than three (3) licensed drillers who have either supervised your work and/or have first hand knowledge of your qualifications and experience in the field for which you are seeking a license:

Name _____ Lic. No. _____ Licensing State _____
Address _____ Telephone No. _____
City _____ State _____ Zip Code _____

Name _____ Lic. No. _____ Licensing State _____
Address _____ Telephone No. _____
City _____ State _____ Zip Code _____

Name _____ Lic. No. _____ Licensing State _____
Address _____ Telephone No. _____
City _____ State _____ Zip Code _____

(b) Provide the names and contact information of two (2) additional references, not related to you, for whom you have worked with or completed drilling or pump installation projects for in the past five (5) years:

Name _____ Telephone No. _____
Address _____
City _____ State _____ Zip Code _____

Name _____ Telephone No. _____
Address _____
City _____ State _____ Zip Code _____

6. DESCRIPTION OF DRILLING EQUIPMENT YOU WILL USE, IF YOU ARE LICENSED:

(a) Drill Rig Information:

Make and Model _____
Maximum Capability (feet) _____
Maximum Diameter (inches) _____

(b) Water Tank Truck Information:

Make and Model _____
Maximum Capacity (gallons) _____

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

Name _____ Telephone No. _____
Address _____
City _____ State _____ Zip Code _____

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

7. ADDITIONAL INFORMATION / COMMENTS:

8. Work Record

Please include the location(city, state), approximate date(s), name of licensed supervisor and a detailed explanation of works YOU performed on (5-10) projects, over the past 3-5 years. Be sure the detailed explanation demonstrates your competence and ability, in the field of licensure in which you are applying for, using 2-3 sentences.

Project 1

Location: _____

Date(s): _____

Licensed Supervisor: _____

Works Performed:

Project 2

Location: _____

Date(s): _____

Licensed Supervisor: _____

Works Performed:

Project 3

Location: _____

Date(s): _____

Licensed Supervisor: _____

Works Performed:

Project 4

Location: _____

Date(s): _____

Licensed Supervisor: _____

Works Performed:

Project 5

Location: _____

Date(s): _____

Licensed Supervisor: _____

Works Performed:

9. Submittal Statement

I hereby certify, under penalty of revocation of any license issued pursuant to this application, that I have the requisite three (3) years of experience required to apply and 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 related to the license I am seeking, to the Mississippi Department of Environmental Quality in support of this application.

Signature of Applicant

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: _____

NOTARY PUBLIC