

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

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

**APPLICATION FOR NEW JERSEY DEWATERING WELL DRILLER  
LICENSING EXAMINATION**

Enclosed is an application and study material for the New Jersey Dewatering 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 applicants **must** submit a completed application package, including two reference questionnaires, Form ADM-166B, and a notarized oath (page 4) or your application will be rejected.
- New Applicants: You **must** attach a copy of your high school diploma or GED certificate to the application.
- New Applicants: In order to qualify for the New Jersey Dewatering Well Driller Licensing Examination you **must** have at least three years of dewatering well drilling experience as of **the signature date of your application**. All applicants must have constructed and decommissioned at least 5 dewatering well/wellpoint systems within the past three years. One of the five dewatering well/wellpoint systems listed must have contained wells that were greater than 25 feet in depth and must have been sealed by the pressure grouting method.
- New Applicants: You **must** attach to your application, a **legible** copy of the State Well Permit, Well Record and Well Abandonment form for each of the applicable projects listed in Section B or your application will be rejected.
- Sumps and any other type(s) of well(s) are not considered acceptable experience.
- 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  
DEWATERING 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:** Did you graduate from high school or do you possess a high school equivalency certificate?

Check one:    Yes    No                    Specify the year you graduated from HS or received your GED: \_\_\_\_\_

A copy of your high school diploma or GED certificate must be attached to your application or it will be rejected. 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 and decommissioning of dewatering well/wellpoint systems. 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	

**NEW JERSEY DEWATERING WELL/WELLPOINT SYSTEM EXPERIENCE:**

You must list five New Jersey dewatering wells/well point systems you have obtained experience with during construction and sealing within in the last three years as of **the signature date on the application.**

N.J. WELL PERMIT NO. (where applicable)	NJ WELL DRILLER/ DEWATERING WELL DRILLER WHO SUPERVISED YOUR WORK	PROJECT NAME	DEPTH & DIAMETER OF DEWATERING WELL/WELL POINTS	METHOD OF DRILLING	METHOD OF SEALING	DATE OF COMPLETION OF PROJECT
1.						
2.						
3.						
4.						
5.						

**C. VERIFICATION OF WORK EXPERIENCE**

Please list the names and pertinent information of the two references that will verify your work experience on the construction and sealing of the dewatering wells/well point systems listed above in Section B of this application. You may need to add additional references to cover the minimum number of required years of drilling experience if you have either changed employers or worked under the supervision of multiple licensed well drillers.

One of your two references must be a NJ Licensed Master, Journeyman or Dewatering Well Driller. The well driller(s) of record whose name and NJ Well Driller Registration number appear on the State well record forms submitted as per Section B above must be the well driller(s) who supervised your work and must also be the individual(s) listed as your reference(s) on forms ADM-166B.

NAME	ADDRESS	PHONE NUMBER	N.J. WELL DRILLER/ DEWATERING 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 ATTACHED YOUR TWO SIGNED AND NOTARIZED REFERENCE QUESTIONNAIRE FORMS, ADM-166B (NEW APPLICANTS ONLY)?
- HAVE YOU SIGNED AND NOTARIZED ALL APPROPRIATE PORTIONS OF YOUR APPLICATION (NEW APPLICANTS ONLY)?
- 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

New Jersey Department of Environmental Protection  
Division of Water Supply & Geoscience  
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**REFERENCE QUESTIONNAIRE  
AND VERIFICATION OF EXPERIENCE**

**PLEASE PRINT**

Applicant's Name \_\_\_\_\_

**I. EXPERIENCE QUESTIONNAIRE**

1. How many years/months have you supervised the applicant in well drilling activities?

FROM: Month \_\_\_\_\_ Year \_\_\_\_\_ TO: Month \_\_\_\_\_ Year \_\_\_\_\_

2. List the well drilling operations you have supervised the applicant with during the actual drilling of wells.

**Please list as follows:**

Type of Well	Depth of Well	Drilling Method	Date Drilled	N.J. Well Permit No. (if applicable)

**II. NOTARIZED OATH OF REFERENCE**

*I hereby certify that the information provided in this questionnaire is true to the best of my knowledge and belief.*

\_\_\_\_\_  
Name of Reference (Please Print)

\_\_\_\_\_  
Signature of Reference

N.J. Well Driller's Registration # \_\_\_\_\_  
(if applicable)

Sworn to and subscribed  
before me this \_\_\_\_\_ day

of \_\_\_\_\_ A.D. 20\_\_\_\_\_

(Official Seal)

\_\_\_\_\_  
Signature of Notary Public

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

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\_\_\_\_\_  
Signature of Reference

N.J. Well Driller's Registration # \_\_\_\_\_  
(if applicable)

Sworn to and subscribed  
before me this \_\_\_\_\_ day  
of \_\_\_\_\_ A.D. 20\_\_\_\_\_

*(Official Seal)*

\_\_\_\_\_  
Signature of Notary Public