

APPLICATION FOR A WATER WELL CONTRACTOR'S LICENSE

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET
BROOKSVILLE, FL 34604-6899

A. TYPE OR PRINT using black ink and mail this completed Water Well Contractor Application, with the application fee and supporting documentation to Southwest Florida Water Management District, attention Senior Regulation Processing Specialist, Brooksville Regulation Department at 2379 Broad Street, Brooksville, FL 34604-6899.

1. Name of person to be licensed: _____
2. Name of business firm or corporation affiliation: _____
3. Business address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Business Phone: (____) _____ Fax No.: (____) _____
Cellular Phone: (____) _____ E-Mail Address: _____
4. Home address: _____ County: _____
City: _____ State: _____ Zip Code: _____
Home Phone: (____) _____
5. Date of Birth: ____/____/____ Driver's License No. _____

B. Enclose a check or money order payable for \$150 (**non-refundable**) application fee payable to the Southwest Florida Water Management District. **PLEASE DO NOT SEND CASH.**

C. Enclosed with the completed application are three letters from persons attesting to their personal knowledge of the length of time the applicant has been working in the water well construction business. (See Chapter 62-531, F.A.C.)

D. The applicant must demonstrate compliance with the minimum requirements for licensure.

1. Applications and renewal requests for licensing as a water well contractor will be accepted from any person who is at least 18 years of age and has knowledge of the rules adopted by the Department of Environmental Protection and the Southwest Florida Water Management District concerning the regulation of water wells. The applicant shall demonstrate this knowledge by achieving a score of at least 70% correct on the Contractor's Examination administered by the District.
2. The applicant must have not less than **two (2)** years experience in constructing, repairing, or abandoning wells. Satisfactory proof of two years experience in the water well construction business shall be demonstrated by providing the following information: A list of ten (10) water wells, together with their location, major use and approximate depth and diameter that the applicant personally constructed, repaired or abandoned. This list shall also include the name and address of the owner or owners of each well and the approximate date the construction of each well was completed. Use the attached form to list the ten wells. For water wells drilled in Florida a **COPY OF THE COMPLETION REPORT** for each well shall be enclosed with this completed application. Completion dates of the ten (10) wells must be distributed over a consecutive 24-month period. In lieu of the above-described information, the applicant may submit satisfactory proof of equivalent experience, which will be reviewed by the District on a case-by-case basis.
3. Beginning July 31, 2004, the applicant must have completed a minimum of 12 approved coursework hours. A minimum of six approved coursework hours must be related to water well construction practices and applicable water well construction rules.

E. Examinations shall be given by the District and will be scheduled by the District as demand and resources allow.

Please schedule me for an examination. I understand that the licensure is not complete until I have passed the required examination with a score of at least 70% correct. I acknowledge that the examination must be passed within one year from the date of this application, or I must reapply and pay the fee again. I understand and acknowledge my responsibilities under applicable rules and statutes relating to the licensing and construction of water wells including the Department of Environmental Protection Disciplinary Guidelines and Procedures Manual and Florida Unified Citation Dictionary (Ch. 62-531, F.A.C.).

Applicant Signature _____ Date _____

FOR DISTRICT USE ONLY

APPLICATION COMPLETE	_____	_____
	DATE	INITIALS
LIST OF WELLS COMPLETE AND SATISFACTORY	_____	_____
	DATE	INITIALS
APPLICANT NOTIFIED OF EXAMINATION DATE	_____	_____
	DATE	INITIALS
APPLICANT FAILED EXAMINATION AND NOTIFIED	_____	_____
	DATE	INITIALS
APPLICANT PASSED EXAMINATION AND NOTIFIED	_____	_____
	DATE	INITIALS

LIST OF TEN WELLS CONSTRUCTED, REPAIRED OR ABANDONED WITHIN A CONSECUTIVE 24 MONTH PERIOD

	Well Owner Name/Address	Well Location Address	Well Use	Well Diam.	Well Depth	Completion Date	Permit Number
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							