Massachusetts Department of Environmental Protection **WD-REC-Q**

Bureau of Water Resources – Drinking Water Program

Well Driller Reciprocity Questionnaire

310 CMR 46.00

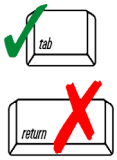
Background and Instructions:

In accordance with 310 CMR 46.02(3), when a well driller applies to MassDEP Well Driller Program to become a Massachusetts Certified Well Driller and indicates that he/she carries an active well driller license authorized by another state that has reciprocity with Massachusetts, the MassDEP Well Driller Program will require the information requested below for review.

Well Driller Applicant Instructions: Please complete Section A on page 1 and deliver the form to the appropriate licensing agency.

Licensing Agency Request & Instructions: The well driller identified in Section A has applied to the MassDEP Well Driller Program to become a Massachusetts certified well driller and has indicated that he/she carries an active well driller license authorized by your agency. Please complete Section B and C on pages 2 and 3, and submit the form to MassDEP within one week, if possible. Please email the form to: Program.Director-DWP@mass.gov, with a copy to Julie.Butler@mass.gov; Subject: Well Driller Reciprocity Questionnaire. Both the applicant and MassDEP appreciate your prompt attention to this matter.

Important: When filling out forms on the computer, use only the tab key to move your cursor – do not use the return key.



A. Well Driller Applicant Information:

(to be completed by the applicant)

DATE: _____

APPLICANT INFORMATION:

Name: _____

ID Number of Active Well Driller License or Certificate: _____

Type of Active Well Driller License/Certificate: _____

MA Certification sought:

- ☐ General Well Driller Certificate
- ☐ Monitoring Well Driller Certificate
- ☐ Monitoring + CLGT Well Driller Certificate

LICENSING AGENCY INFORMATION:

Name of agency that will complete Sections B and C:

_____

Address of Agency:

B. Questionnaire for Licensing Agency

Licensing Agency: Please see applicant's well driller license number and information in Section A on page 1.

1. Date applicant was initially licensed: _____
2. Does the applicant currently hold a valid license in your state? Yes ☐ No ☐
3. Was there a lapse in licensure between the initial licensing date and now? Yes ☐ No ☐ If yes, please indicate the lapsed year(s): _____
4. Was this individual's license granted via reciprocity? Yes ☐ No ☐ If so, from which state? _____
5. Which level best describes the Well Driller license that the applicant currently holds in your state?
   ☐ Master Well Driller – a person licensed to practice well drilling, without restriction, in a particular category
   ☐ Journeyman Well Driller – a person licensed to practice well drilling in a particular category under the supervision of a master well driller of the same category
6. Which category best describes the Well Driller license the applicant currently holds in your state?
   ☐ General, which authorizes the practice of well drilling in all categories of the well driller license
   ☐ Water Supply, which authorizes the practice of well drilling, limited to wells constructed for the purpose of obtaining a water supply, such as domestic, irrigation, and public water supply wells
   ☐ Monitoring/Environmental, which authorizes the practice of well drilling, limited to wells constructed for the purpose of sampling, measuring, or test pumping for scientific, engineering, or regulatory purposes, including wells constructed specifically for the removal of contaminants from an aquifer, but excluding water supply test wells
   ☐ Geothermal, which authorizes the practice of well drilling, limited to wells and boreholes constructed specifically for the purpose of transferring heat to or from the earth's subsurface
   ☐ Other: _____
7. Has this license ever been encumbered in anyway (revoked, suspended, limited, surrendered, restricted, placed on probation)? Yes ☐ No ☐ If yes, please attach a copy of the decision.
8. What are the minimum education and experience requirements for licensure?
   - Education: _____
   - Experience: _____
9. Did the applicant pass a written examination to become licensed? Yes ☐ No ☐
   - Was this an open book exam? Yes ☐ No ☐
10. If a written examination was passed, please provide a general description of its contents, or provide the exam title and administering organization if your agency did not administer the exam:
    _____
11. Are licensed well drillers required to submit well completion logs/reports to you? Yes ☐ No ☐
12. Please provide any additional information you feel is relevant to this applicant's license:

    ☐
13. Please provide a weblink to your well driller regulations (or attach them to your email to MassDEP):
    _____

C. Licensing Agency Certification

If you have any questions, please contact the MassDEP Drinking Water Program at program.director-dwp@mass.gov or (617) 292-5770.

Signature: _____ Date: _____

Printed name: _____ Phone number: _____

Title: _____ Email:_____

Agency: _____

Agency address: _____

_____

RETURN COMPLETED FORM TO:

MassDEP Well Driller Program
Program.Director-DWP@mass.gov; copy (cc) to Julie.Butler@mass.gov
Subject line: Well Driller Reciprocity Questionnaire