

Rec. by \_\_\_\_\_  
 Fee Paid \$ \_\_\_\_\_  
 Receipt # \_\_\_\_\_  
 Approval List \_\_\_\_\_

# STATE OF UTAH

## Department of Natural Resources

### Division of Water Rights



#### APPLICATION FOR WATER WELL DRILLERS LICENSE For the Year \_\_\_\_\_



*Do not fill out this form until you have read and understand the most recent version of the “State of Utah Administrative Rules for Well Drillers” and other reference materials found in the Well Drillers Licensing Packet. Make checks payable to Utah Division of Water Rights. Send application to: Utah Division of Water Rights, PO Box 146300, SLC UT 84114-6300*

Application, with an initial statutory \$350 filing fee for consideration of the issuance of a Utah Water Well Drillers License, is hereby filed with the Office of the State Engineer to engage in the practice of drilling, constructing, repairing, cleaning, deepening, and abandoning wells for the purpose of utilizing or monitoring underground water in accordance with Section 73-3-25 Utah Code Annotated 1953, as amended.

|  |                                 |
|--|---------------------------------|
| <b>Name</b>  | <b>Company Name:</b>            |
| <b>Mailing Address:</b>  | <b>City/State<br/>ZIP Code:</b> |
| <b>Business Phone:</b>   | <b>Residence Phone:</b>         |
| <b>Cell Phone:</b>   | <b>FAX Number:</b>              |
| <b>Date of Birth:</b>  | <b>E-Mail Address</b>           |
| <b>Utah Well Drilling Operator Registration Number (if applicable)</b> |                                 |

Applicant requests licensure to construct wells using the following drilling rig(s) or method(s) (Check all that apply):

- |                 |                          |                   |                          |              |                          |
|-----------------|--------------------------|-------------------|--------------------------|--------------|--------------------------|
| Air Rotary      | <input type="checkbox"/> | Mud Rotary        | <input type="checkbox"/> | Cable Tool   | <input type="checkbox"/> |
| Flooded Reverse | <input type="checkbox"/> | Dual Wall Reverse | <input type="checkbox"/> | Auger/Boring | <input type="checkbox"/> |
| Jetting/Driving | <input type="checkbox"/> | Percussion Hammer | <input type="checkbox"/> | Sonic        | <input type="checkbox"/> |
| Other: _____    |                          |                   |                          | Direct Push  | <input type="checkbox"/> |

Applicant proposes to construct the following well types as a licensed Utah Well Driller (Check all that apply):

- |                |                          |               |                          |                     |                          |                        |                          |
|----------------|--------------------------|---------------|--------------------------|---------------------|--------------------------|------------------------|--------------------------|
| Domestic/Stock | <input type="checkbox"/> | Monitor       | <input type="checkbox"/> | Cathodic Protection | <input type="checkbox"/> | Clean/Renovate/Deepen  | <input type="checkbox"/> |
| Municipal      | <input type="checkbox"/> | Public Supply | <input type="checkbox"/> | Irrigation          | <input type="checkbox"/> | Piezometer             | <input type="checkbox"/> |
| Test Well      | <input type="checkbox"/> | Sump          | <input type="checkbox"/> | Industrial          | <input type="checkbox"/> | Tunnel/Horizontal Well | <input type="checkbox"/> |
| Injection      | <input type="checkbox"/> | Heat Pump     | <input type="checkbox"/> | Dewatering          | <input type="checkbox"/> | Abandonment            | <input type="checkbox"/> |

Other: \_\_\_\_\_

## RECORD OF DRILLING EXPERIENCE

Describe your drilling experience in the table below. Use the back of this page if additional room is necessary to describe experience.

| Drilling Method <sup>1</sup> | Rig Make/Model | Number of Wells Drilled | Total Hours as Apprentice (Helper) | Total Hours as Operator | Hours as Foreman or Licensee | Total Years/Months Experience |
|------------------------------|----------------|-------------------------|------------------------------------|-------------------------|------------------------------|-------------------------------|
|                              |                |                         |                                    |                         |                              |                               |
|                              |                |                         |                                    |                         |                              |                               |
|                              |                |                         |                                    |                         |                              |                               |
|                              |                |                         |                                    |                         |                              |                               |

<sup>1</sup>Drilling Methods include: Air Rotary, Mud Rotary, Cable Tool, Reverse Rotary, Auger, Becker Hammer, Dual Wall Reverse, Rotasonic, or other (specify).

Describe your experience, training, and responsibilities relative to well design, drilling, constructing, repairing, cleaning, deepening, and abandoning wells. List licenses and certifications from other States. Attach letters of reference and/or training certifications, if available. (Use back of page if needed)

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Describe any well drilling-related classroom study or course work you have completed (documentation of course work must be attached to application).

| School/Class Attended | Hours Completed | Credits Received | Date |
|-----------------------|-----------------|------------------|------|
|                       |                 |                  |      |

References: List the name and address of three (3) persons who can attest to your understanding and experience related to well drilling and construction. By signing this application, the applicant gives the State Engineer's Office permission to contact the listed references.

1. \_\_\_\_\_  

|                                |             |  |            |
|--------------------------------|-------------|--|------------|
| (Name)                         | (Phone No.) | (Utah Well Driller License No., if applicable) |            |
| (Street Address and/or PO Box) | (City)      | (State)  | (Zip Code) |
  
2. \_\_\_\_\_  

|                                |             |  |            |
|--------------------------------|-------------|--|------------|
| (Name)                         | (Phone No.) | (Utah Well Driller License No., if applicable) |            |
| (Street Address and/or PO Box) | (City)      | (State)  | (Zip Code) |
  
3. \_\_\_\_\_  

|                                |             |  |            |
|--------------------------------|-------------|--|------------|
| (Name)                         | (Phone No.) | (Utah Well Driller License No., if applicable) |            |
| (Street Address and/or PO Box) | (City)      | (State)  | (Zip Code) |

Applicant Name \_\_\_\_\_

List the type, make, and model of drilling rig(s) that you intend to use as a licensed driller in the State of Utah.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have well abandonment equipment available to properly mix and place (from the bottom of a well or seal zone upwards) grout sealing materials (cement and/or bentonite)? **Yes** or **No**

**AFFIDAVIT**

STATE OF \_\_\_\_\_ )  
 )  
COUNTY OF \_\_\_\_\_ )

The undersigned, being first duly sworn deposes and states that the information he/she has provided in this Utah Water Well Drillers License Application as outlined above is true and correct. The undersigned further states that he/she is familiar with the State of Utah Administrative Rules for Water Well Drillers (R655-4 of the Utah Administrative Code) and will follow the well drilling administrative requirements and minimum construction standards, as promulgated.

\_\_\_\_\_  
Applicant Signature Date

Subscribed and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Seal (Commission Expires)