

Form EW-122 (2021)
Fax to: (304) 558-4322 or mail to:
C&T Program
350 Capitol Street Room 313
Charleston, WV 25301
www.wvdhhr.org/oehs/eed/swap/trainingandcertification

C&T Use Only
Date Received: ____/____/____
Staff Lead: _____
<input type="checkbox"/> Not a complete submission & returned

Request for Monitoring Well Driller Certification

**Print legibly and fill out completely. Incomplete applications will not be processed.
Use NA if not applicable.**

Please read Title 47 Series 59 *Monitoring Well Rules* entirely before completing this application.
The current version of 47CSR59 is available online at <http://apps.sos.wv.gov/adlaw/csr/index.aspx>

Application Date (mm/dd/yy): ____/____/____ Date of Birth (mm/dd/yy): ____/____/____
First Name: _____ Last Name: _____
Middle Initial: _____ Suffix: _____ Email: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____ County: _____
Home Phone: _____ Fax: _____
Business Name: _____ Address: _____
City: _____ State: _____ Zip: _____ County: _____
Business Phone: _____ Fax: _____

Option 1: Do you have a minimum of 2 years of monitoring well drilling experience under the supervision of a West Virginia certified monitoring well driller? Yes No

OR

Option 2: Do you have 6 months of monitoring well drilling experience that includes properly installing at least 15 monitoring wells and properly abandoning at least 10 monitoring wells under the supervision of a West Virginia certified monitoring well driller? Yes No

For reference of above experience, list supervising WV Certified Monitoring Well Driller contact information:

Name: _____ Certification #: _____ Phone: _____

NOTE: You must fulfill either Option 1 or 2 of the experience requirements above prior to registering for the WV monitoring well driller course & exam.

Have you ever had a WV or other state monitoring well driller certification suspended or revoked?
 Yes No

I certify to the best of my knowledge, all information provided on this form is true and accurate. I certify I have read, understood and complied with all the laws of WV under the provisions of 47CSR59.

Signature: _____ Date: _____

All C&T applications are processed in order of receipt. If you do not hear from the C&T program shortly thereafter, contact the Office of Environmental Health Services at 304-558-2981 to confirm status.