

STATE OF MAINE Maine Water Well Commission

DEPARTMENT OF HEALTH & HUMAN SERVICES

286 Water Street, 3rd Floor #11 State House Station Augusta, ME 04333-0011 Phone (207) 287-5699 Fax (207) 287-4172 website: www.medwp.com

MEMBERS

Dwight Doughty, Chair, DOT Hydrogeologist
Daniel Locke, ME Geological Survey
Frank Hegarty, Master Well Driller
Joe Gallant, Master Well Driller
Glenn Dyer, Master Well Driller
Michael Otley, Public Member

Name:	
Address:	
City, State, Zip:	-

- Individual License Renewal Application -

Check all that apply:	Well Drillers (WD)	Fee:	
()	Master WD	\$120.00	
()	Journeyman	\$88.00	
()	Open Loop Endorsement*	\$10.00	
()	Closed Loop Endorsement**	\$10.00	
()	Apprentice	no fee.	
	Sub-total:		
Check all that apply:	Pump Installers (PI)	<u>Fee:</u>	
()	Master PI	\$60.00	
()	Journeyman	\$40.00	
()	Open Loop Endorsement	\$10.00	
()	Apprentice	no fee.	
	Sub-total:		
Check all that apply:	<u>Closed Loop</u> <u>Geothermal Installer –</u>	<u>Fee:</u>	
	NOT Water Wells		
()	Master Geothermal Installer	\$120.00	
()	Journeyman	\$88.00	
()	Apprentice	no fee.	
	Sub-total:		
	***Late Fee:	\$50.00	
	Grand-total:		

^{*}In order to have an Open Loop Endorsement, you must be a master or journeyman.

^{**}In order to have the Closed Loop Endorsement, you <u>must</u> enclose a copy of your IGSHPA Certification – see page 2.
***Only 1 late fee, totaling \$50.00 is applied per license application, not per discipline.

[For Internal Us	se Only: License #:	ISN:		Coding: 014-10A-2422-01]
Make check p	payable to: <u>Treasurer,</u>	State of Maine		
Mail to:	State of Maine Maine Water Well C DHHS - SHS #11 286 Water Street, 3rd Augusta, ME 04333	^d Floor		
•	Closed Loop Endorsen ation (IGSHPA) card.	nent, please attach a	a copy of your current Inter	rnational Ground Source Heat
Chapter 232,		January 1, 2012, n		Installers Rules, CMR hall perform drilling or pump
charge of a lie		npany or pump inst	alid license as provided for allation company <u>in order</u>	r in this section must be in the to actively practice well
1. Are you a	actively practicing the tr	rade in which you a	re applying for licensure in	1?
Circle one: a) You	es, I am currently active i. Please identify the		associated with:	
b) No	o, I am not currently act i. If your trade statu		st notify the Commission w	vithin 30 days.
2. E-mail: _	Please print clearly			
Print Name:				
Signature			Date	

Please visit our website at: www.medwp.com and select professionals for up-to-date information.