

## STATE OF MAINE Maine Water Well Commission

DEPARTMENT OF HEALTH & HUMAN SERVICES

286 Water Street, 3<sup>rd</sup> 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>	
	<b>NOT Water Wells</b>		
( )	Master Geothermal Installer	\$120.00	
( )	Journeyman	\$88.00	
( )	Apprentice	no fee.	
	Sub-total:		
	***Late Fee:	\$50.00	
	Grand-total:		

<sup>\*</sup>In order to have an Open Loop Endorsement, you must be a master or journeyman.

<sup>\*\*</sup>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	<sup>d</sup> 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.
<b>2.</b> E-mail: _	Please print clearly			
Print Name:				
Signature			Date	

Please visit our website at: <a href="www.medwp.com">www.medwp.com</a> and select <a href="professionals">professionals</a> for up-to-date information.