



MONITORING WELL CONSTRUCTION EXPERIENCE QUESTIONNAIRE

APPLICANT NAME: _____

Please complete the information below that applies to the time you employed the applicant.

EMPLOYER INFORMATION

Employing Company: _____

Supervisor Name _____ Phone# (____) _____ License# _____

Company Mailing Address: _____

What type of wells does this company primarily construct?

Water Supply: ☐

Monitoring Wells: ☐

Other: ☐

APPLICANT INFORMATION

Applicant's Total Time Employed: Years _____ Months _____

From _____ To _____

Full-time () Part-time ()

Yes ☐ No ☐ Did applicant operate drilling machinery?

If yes, please note number of **MONITORING** wells applicant constructed as an operator: _____

Yes ☐ No ☐ Did applicant work as a driller's helper?

If yes, please note the number of **MONITORING** wells applicant constructed as a helper: _____

2. Please list types of drilling machinery/equipment operated: _____

3. Please provide any additional information regarding the applicant's ability and qualifications in **MONITORING** well construction:

I hereby certify that the information above is true and correct to the best of my knowledge.

Signature

(Print) Name and Title

Date

Please return this form to:

**Oregon Water Resources Department
Attn: Buffy Madrigal-Adams
725 Summer Street NE, Suite A
Salem OR 97301-1266**

Or by email:

Buffy.M.Madrigal-Adams@oregon.gov

*Please direct questions regarding this form to Buffy Madrigal-Adams, Well Licensing Specialist:
(971) 287-8305.*