# Affidavit of Supervision

**Water Well Driller Assistant**  
and  
**Monitoring Well Driller Assistant**

Telephone: 502-564-3410  
https://eec.ky.gov/Environmental-Protection/Water/GW/Pages/GWDrillers.aspx

## Remit To:  
Division of Water  
Watershed Management Branch  
Groundwater Section  
Water Well Drillers Certification Program  
300 Sower Boulevard, 3rd Floor  
Frankfort, KY 40601

For Official Use Only.  
Do not write in this Space.

Amount Paid:____________________  
Check Number:____________________

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## Applicant Information

<table>
<thead>
<tr>
<th>Name (first)</th>
<th>(Middle Initial)</th>
<th>(Last)</th>
<th>E-mail Address:</th>
</tr>
</thead>
</table>

**Home Address (number and street):**  
City:  
State:  
Zip:  
Home Phone:  
Cell Phone Number:  
Driller Assistant Certification ID Number:  
Company ID Number  
Driller ID Number

## Certified Water Well Driller Information

| Name (first) | (Middle Initial) | (Last) | Driller Certification ID Number:  
|--------------|-----------------|--------|--------------------------------|
| Business Name: | | | Company ID Number  
| Business Phone Number: | | | Driller ID Number |

**Company Street Address (number and street):**  
City:  
State:  
Zip:  
Company Mailing Address (if different than street address):

## Drilling Experience

List current position first. List all the duties associated with each position regarding water and/or monitoring well drilling duties. If duties are split between several areas of responsibility, indicate the percentage of time spent working in each area. (Attach additional sheets for listing additional drilling experience).

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Job Title</th>
<th>KPDES, PWSID or Agency Interest Number</th>
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</thead>
</table>

**Facility Address**  
Month  
Year  
Month  
Year  
Supervisor Name  
Phone Number

Detailed description of duties:

<table>
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**Facility Address**  
Month  
Year  
Month  
Year  
Supervisor Name  
Phone Number

Detailed description of duties:

## Current Certifications

List all current water well driller certifications in other states.

<table>
<thead>
<tr>
<th>Certification Type</th>
<th>Certificate Number</th>
<th>Certificate Level</th>
<th>Expiration Date</th>
</tr>
</thead>
</table>

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[Image of Kentucky Department of Environmental Protection logo]  
Rev. July 2019
CERTIFICATION TYPE

- ☐ Water Well Driller Assistant
- ☐ Monitoring Well Driller Assistant

Drilling Methods | NGWA and State Exams | Score (in %)
--- | --- | ---
☐ CABLE TOOL | Cable tool drilling |  
☐ JETTED AND DRIVEN WELLS | Jetting and driving wells |  
☐ AIR ROTARY/HAMMER | Reverse rotary drilling |  
☐ MUD ROTARY | Air rotary drilling |  
☐ REVERSE ROTORY | Mud rotary drilling |  
☐ AUGURING AND BORING | Auguring and monitoring |  
☐ SONIC | Jetting and driving wells |  
☐ DIRECT PUSH | Auguring and monitoring |  

KY Water Well Exam
KY Monitoring Well Exam

INFORMATION VERIFICATION
All applications are subject to audit for verification of job duties and employment history.

I understand and agree that it will be my responsibility as a supervisor to oversee all work performed by this individual and to insure that such work complies with all applicable statues KRS 223.400-460 and regulations of 401 KAR 6:310 or 401 KAR 6:350 Water Well or Monitoring Well Construction Standards and Practices. This supervision shall remain in effect until such time as I notify both the Kentucky Division of Water and the individual being supervised by written statement of termination of my supervision.

Print Certified Water Well Driller Name: ____________________________
Certified Water Well Driller Signature: ____________________________
Date: ____________

Print Water Well Driller Assistant Name: ____________________________
Water Well Driller Assistant Signature: ____________________________
Date: ____________

NOTARY

IN WITNESS WHEREOF, I have hereto set my seal this _____ day of ________ My Commission expires: ____________________________

Notary Signature: ____________________________________________ Date: ____________________________