

<p style="text-align: center;"><b>Remit To:</b></p> <p style="text-align: center;">Division of Water Watershed Management Branch Groundwater Section Water Well Drillers Certification Program 300 Sower Boulevard, 3<sup>rd</sup> Floor Frankfort, KY 40601</p>	<p>Commonwealth of Kentucky Department of Environmental Protection</p> <p style="font-size: 1.2em; font-weight: bold;">Affidavit of Supervision</p> <p style="font-weight: bold;">Water Well Driller Assistant and Monitoring Well Driller Assistant</p> <p>Telephone: 502-564-3410 <a href="https://eec.ky.gov/Environmental-Protection/Water/GW/Pages/GWDrillers.aspx">https://eec.ky.gov/Environmental-Protection/Water/GW/Pages/GWDrillers.aspx</a></p>	<p style="text-align: center;">For Official Use Only. <i>Do not write in this Space.</i></p> <p>Amount Paid: _____</p> <p>Check Number: _____</p>
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Type or print information requested in each field.

<b>APPLICANT INFORMATION</b>					
Name (first)                      (Middle Initial)                      (Last)			E-mail Address:		
Home Address (number and street):			Driller Assistant Certification ID Number: Company ID Number                      Driller ID Number                      -		
City:	State:	Zip:	Home Phone:	Cell Phone Number:	
<b>CERTIFIED WATER WELL DRILLER INFORMATION</b>					
Name (first)                      (Middle Initial)                      (Last)			Driller Certification ID Number: Company ID Number                      Driller ID Number		
Business Name:			Business Phone Number:		Business E-mail Address:
Company Street Address (number and street):			Company Mailing Address (if different than street address):		
City:	State:	Zip:	City:	State:	Zip:
<b>DRILLING EXPERIENCE</b>					
List current position first. List <u>all</u> 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).					
Facility Name		Job Title		KPDES, PWSID or Agency Interest Number	
Facility Address			Dates of Employment Month                      Year                      to Month                      Year		
Supervisor Name			Phone Number		
Detailed description of duties:					
Facility Name		Job Title		KPDES, PWSID or Agency Interest Number	
Facility Address			Dates of Employment Month                      Year                      to Month                      Year		
Supervisor Name			Phone Number		
Detailed description of duties:					
<b>CURRENT CERTIFICATIONS</b>					
List all current water well driller certifications in other states.					
Certification Type	Certificate Number	Certificate Level	Expiration Date		



<b>CERTIFICATION TYPE</b>			
	<b>Drilling Methods</b>	<b>NGWA and State Exams Completed</b>	<b>Score (in %)</b>
<input type="checkbox"/> Water Well Driller Assistant	<input type="checkbox"/> CABLE TOOL	Cable tool drilling	
	<input type="checkbox"/> JETTED AND DRIVEN WELLS	Jetting and driving wells	
<input type="checkbox"/> Monitoring Well Driller Assistant	<input type="checkbox"/> AIR ROTARY/HAMMER	Reverse rotary drilling	
	<input type="checkbox"/> MUD ROTARY	Air rotary drilling	
	<input type="checkbox"/> REVERSE ROTARY	Mud rotary drilling	
	<input type="checkbox"/> AUGURING AND BORING	Auguring and monitoring	
	<input type="checkbox"/> SONIC	Jetting and driving wells	
	<input type="checkbox"/> DIRECT PUSH	Auguring and monitoring	
		<b>KY Water Well Exam</b>	
		<b>KY Monitoring Well Exam</b>	

<b>INFORMATION VERIFICATION</b>		
All applications are subject to audit for verification of job duties and employment history.		
<i>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.</i>		
Print Certified Water Well Driller Name:	Certified Water Well Driller Signature:	Date:
<i>I certify that, to the best of my knowledge, the data contained herein is complete and correct. I understand that submission of false information can result in certificate revocation and penalties as defined in KRS 223.400 through 223.991 and /or KRS 224.99-010.</i>		
Print Water Well Driller Assistant Name:	Water Well Driller Assistant Signature:	Date:

<b>NOTARY</b>	
IN WITNESS WHEREOF, I have hereto set my seal this _____ day of _____ My Commission expires: _____	
Notary Signature: _____	Date: _____

