



State of New Hampshire
WATER WELL BOARD



Roger B. Skillings, C.W.D. - P.I., Water Well Contractor
David R. Hunt, Water Well Contractor
Stephen R. Smith, Pump Installer
Richard P. Schofield, P.G., Staff

Steven Garside, Technical Driller
Rene Pelletier, P.G., Dept. of Environmental Services
Frederick H. Chormann, Jr., P.G., State Geologist
Steve Guercia, Certified Operator, Public Member

2014-2015 LICENSE RENEWAL FORM

Your New Hampshire Water Well Contractor and/or Pump Installer license renewal is due June 30, 2014 for the 2014-2015 renewal period. If not renewed, your license expires on July 1, 2014, in accordance with the requirements of RSA 482-B.

License Renewal Fees (Check all that apply)

Water Well Contractor license:

- \$225 - Rotary Drilling
\$225 - Technical Drilling
\$150 - Cable Tool, Wash, or Point Well
\$100 - Dug Well

Pump Installers License:

- \$100 - Pump Installer License
- 2 hours of continuing education
(Attach proof of hours to renewal form)

Please pay only the highest fee for the Water Well Contractor license category held and/or the \$100.00 fee for Pump Installer license, if applicable. Do not add fees for multiple Water Well Contractor license categories. If your license is not renewed by 8/1/2014 an additional \$20.00 late fee for Water Well Contractor license and \$20.00 late fee for Pump Installer license will be assessed.

License # _____ Qualified Individual _____
Company _____
Address _____
City _____ State _____ Zip _____
Phone _____
E-mail _____

Number of vehicles: Well construction machines: _____ Pump service trucks: _____

If you do not wish to renew your license, please check the space provided so that we may update our records accordingly.

Yes, renew my license. (Make check payable to: Treasurer, State of New Hampshire)
No, do not renew my license.

If you have any questions, please contact Richard Schofield at (603) 271-1974 or by e-mail at: Richard.Schofield@des.nh.gov.

COMPLETE FORM, sign, date (pump installers attach proof of your continuing education) and include your check or money order and mail to:

New Hampshire Water Well Board
NHDES DWGB
PO Box 95
Concord, NH 03302-0095

FOR OFFICE USE ONLY
CHECK # _____
AMOUNT _____
RA407301

Amount enclosed: _____

Licensee Signature: _____ Date: _____