



State of Alabama Water Well Standards Program License Renewal

ADEM Form No. 195

ADEM USE ONLY

Late Fee: _____

Date Renewed: _____

Approved By: _____

Please read instructions before completing this application. Type or Print in black ink.

APPLICANT INFORMATION:

Name: Mr. ()
Ms. ()
Mrs. () _____
(First) (Middle) (Last) (Jr., Sr., III, etc.)

Address: _____
(Number and Street) (Home Telephone)

(City) (State) (Zip) (Work Telephone)

(County)

*Social Security Number: _____ E-mail address _____

Social Security Numbers are used only for the purpose of recordkeeping in accordance with Sec. 7(a)(2)(a) of P.L. 93-579

COMPANY INFORMATION:

Company Name: _____ License # _____

Number of Drilling Rigs to be Operated Under This License: _____

Number of Wells Drilled in Alabama During Last Renewal Period (Between October 1 and September 30):

Domestic _____ Public _____ Irrigation _____ Monitor _____ Other _____ Total _____

Counties you will drill in: _____ Statewide: _____

DOCUMENTATION OF WELLS:

_____ I did not construct any water wells in the State of Alabama during this fiscal year to date.

_____ All of the Reports of Drilled Well forms for each water well drilled by myself and/or the company(ies) I work for were previously submitted to ADEM for this period.

I, the undersigned, do hereby affirm and swear, under oath, that I am the said applicant; that all statements made and information contained in this application are true and correct to the best of my knowledge and belief. I understand that falsification of statements or supporting data may result in denial of this application or suspension/revocation of any license I may hold. Further, I understand that it is my responsibility to provide documentation upon request of any claims on this form and provide supplemental material to reflect any material change in circumstances which may affect my eligibility for licensure.

Signature of Applicant: _____ Date: _____

****NOTICE TO APPLICANT****

Before mailing please be sure that the application is completed in its entirety. An application must be accompanied by a nonrefundable license fee of **\$200.00** (Checks or money orders only). Make checks payable to ADEM. Faxed applications are not accepted. Mail application to:

**Alabama Water Well Standards Program
Alabama Department of Environmental Management
Post Office Box 301463
Montgomery, Alabama 36130-1463**

Visit our website at www.adem.alabama.gov