WATER WELL DRILLER

EMPLOYER DECLARATION OF WORK EXPERIENCE

SkilledTradesBC Customer Service
800 – 8100 Granville Ave.
Richmond, BC V6Y 3T6
Tel: 778-328-8700
Fax: 778-328-8701
Toll Free: 1-866-660-6011
customerservice@skilledtradesbc.ca

This form is used to declare work experience for periods of employment and must be completed by a **direct supervisor of the applicant**, who will be contacted by SkilledTradesBC.

Note: An Employer Declaration of Work Experience form must be completed for each period of employment.

This form is not to be used for periods of self-employment. For more information, see Instructions for Certification Challenge.

"Water Well Driller" refers to a person who sets up and operates mobile equipment used to drill residential commercial and industrial water wells. In addition, they conduct other types of industrial drilling. They must know the geological formations of the area where they are working to find potable water that is clean and safe for drinking. They may assist customers in selecting a drilling site and estimating the cost. Water Well Drillers re-construct, re-develop and disinfect older and contaminated wells and water-pumping systems.

To qualify to challenge certification in this trade, individuals must have:

- worked a minimum of **4,860 hours** performing the tasks listed in Section D, and
- experience performing at least **70%** of the job tasks listed in Section D.

Holders of a **Certificate of Qualification** in **Geotechnical/Environmental Driller** OR **Geoexchange Driller** will be eligible to challenge this certification by documenting **2,430 hours** of directly related work experience.

Holders of a **Certificate of Qualification** in **Well Pump Installer** will be eligible to challenge this certification by documenting **3,260 hours** of directly related work experience.

A. Applicant Name

Enter the name of the individual for whom this form is being completed.

Legal First Name:	Legal Middle Name(s):	Legal Last Name:

B. Employment Information of Applicant

Enter the business information for the applicant's period of employment declared for this trade.

Name of Organization/Employer/Business:		
Business Address (Street Name/Number, Building/Unit Number):		City:
Province/ State:	Country:	Postal Code/ Zip Code:
Business Phone Number: ( )	Website:	

Enter the dates and number of hours for this period of employment.

Dates of Applicant's Employment (MM/DD/YYYY): From: To:	Total Number Hours of **Water Well Driller** Experience Accumulated in Period:
Job Title of Applicant:	

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C. Supervisor Contact Information

Enter the name and contact information for the person who directly supervised the applicant during this employment period. Ensure the information given is current as the application will be denied if this person cannot be contacted by SkilledTradesBC.

First and Last Name of Applicant's Direct Supervisor:	Supervisor Position or Title:
Supervisor's Phone Number: ( )	Supervisor E-Mail Address:
Language(s) that the employer/supervisor can communicate: (check all that apply) ☐ English ☐ Other (please specify): _____	

D. Supervisor Declaration of Job Task Performance of Applicant

By checking "Yes" or "No" in the Declaration Response column, indicate whether you, as the direct supervisor of the applicant, have personally witnessed the applicant performing the job tasks listed.

JOB TASKS (27)	SUPERVISOR DECLARATION RESPONSE	
Tools, Safety and Maintenance		
Uses and cares of hand tools	☐ Yes	☐ No
Uses and maintains hydraulic systems	☐ Yes	☐ No
Knows and uses safety procedures	☐ Yes	☐ No
Performs and maintains service on a fuel supply system	☐ Yes	☐ No
Drilling Equipment		
Operates and maintains compressed air systems	☐ Yes	☐ No
Works safely on site	☐ Yes	☐ No
Identifies the cable tool system	☐ Yes	☐ No
Uses multiple drilling systems	☐ Yes	☐ No
Identifies different drill bits	☐ Yes	☐ No
Uses different augers and bores	☐ Yes	☐ No
Well Construction and Monitoring		
Designs water wells	☐ Yes	☐ No

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials:

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JOB TASKS (27)	SUPERVISOR DECLARATION RESPONSE	
Uses well development techniques	☐ Yes	☐ No
Monitors groundwater	☐ Yes	☐ No
Knows trade regulations	☐ Yes	☐ No
Pumping Systems		
Designs and installs water pumps at site	☐ Yes	☐ No
Troubleshoots and maintains pumps	☐ Yes	☐ No
Installs and wires motor controls	☐ Yes	☐ No
Well Development and Maintenance		
Performs reclamation	☐ Yes	☐ No
Drills monitoring wells	☐ Yes	☐ No
Knows groundwater regulations	☐ Yes	☐ No
Performs well closure	☐ Yes	☐ No
Identifies geology and hydrogeology	☐ Yes	☐ No
Identifies sources of water	☐ Yes	☐ No
Performs aquifer tests	☐ Yes	☐ No
Regulations, Metric and Intro to Gas and Monitoring Wells		
Follows environmental regulations	☐ Yes	☐ No
Perform and interprets chemistry tests	☐ Yes	☐ No
Reads and interprets maps	☐ Yes	☐ No

E. Supervisor Signature

I certify that the information I, as the current or former direct supervisor of the applicant, have provided is true and accurate. (Note: Collection and protection of personal information on this form is in accordance with the provisions of the Freedom of Information and Protection of Privacy Act.)

Supervisor Signature:	Date Signed: (MM/DD/YYYY)

Supervisor must enter name and initials on every page of this form

Supervisor First and Last Name (Please Print):	
I hereby certify, that to the best of my knowledge, the information I am providing as a current or past supervisor of the applicant (as named on page 1 of this document), is true and accurate.	Supervisor's Initials: