Application Instructions for Well Pump Installer License

Enclosed is an application for a South Dakota Well Pump Installer License for your use. The filing fee is based on the residency of the license representative(s) -- $200.00 for South Dakota resident(s) and $300.00 for nonresident(s). You are a resident if your primary residence is located in South Dakota and you have not claimed residency in any other state within ninety days of filing this application.

In addition to the information requested in No. 3 of the application, we are requesting further detailed information. On a separate sheet of paper, please list well repair or well pump installation experience with your own company and/or other companies. This information will need to be provided for each person listed as a license representative for your company.

Please provide the following for each license representative.

1. Dates worked with each well repair or well pump service company,
2. Position, authority and responsibilities with a company,
3. Types of wells repaired,
4. Types of pumps installed,
5. The name of the supervisor or someone that can verify work experience,
6. Address of the well repair or well pump service companies,
7. The manager or owner of the company, and
8. Well repair and well servicing equipment you have for working on wells or pumps.

If you have any questions, please feel free to contact Ken Buhler at (605) 773-3352.
NEW APPLICATION for
South Dakota Well Pump Installer
License to repair wells or install well pumps

1. Name of Application ___________________________________________ Phone ____________________

   (company)

   Address ____________________________________________________________

   (street, RR, box)   (town)   (state)   (zip code)

Each company must designate at least one License Representative who is responsible for work authorized on behalf of the License.

2. License Representative(s) ______________________________________ SD residents? Yes ☐ No ☐

3. Provide description of experience and qualifications License Representative has in well pump installation:

   (if necessary, attach additional paper)

4. Are you familiar with and agree to abide by the provisions of SDCL 46-6-9.1 to 46-6-9.5 inclusive, 46-6-14, 46-6-15, 46-6-18, 46-6-20, 46-6-21, and 46-6-27; and Water Management Board Rules Chapter 74:02:01 for Well Pump Installer licensing, Chapter 74:02:04 for well construction and Chapter 17 “Potable Water Supply System” of the 1996 National Standard Plumbing Code as adopted by the South Dakota State Plumbing Commission.

   Yes ☐ No ☐ If answer is No, please request copies of laws and/or rules before submitting the application.

5. Has your company or license representative(s) ever been licensed as a well pump installer in South Dakota?

   Yes ☐ No ☐ If answer is Yes, list years when licensed ________________________________

   STATE OF __________________________ )

   )SS

   COUNTY OF __________________________ )

   I, ____________________________

   licensed representative(s) for ____________________________ (company)

   certify that I have read the foregoing application and that the matter therein stated is true.

   Signed ____________________________ License Representative ____________________________

   Signed ____________________________ License Representative ____________________________
Please provide the following for each additional license representative:

1. Dates worked with each well repair or well pump service company,
2. Position, authority and responsibilities with a company,
3. Types of wells repaired,
4. Types of pumps installed,
5. The name of the supervisor or someone that can verify work experience,
6. Address of the well repair or well pump service companies,
7. The manager or owner of the company, and
8. Well repair and well servicing equipment you have for working on wells or pumps.