

# Notice of Agency Rule-making Proposal

**AGENCY: Maine Department of Environmental Protection**

**RULE TITLE OR SUBJECT: Chapter 342, Significant Groundwater Wells**

**PROPOSED RULE NUMBER: 98-P**

(LEAVE BLANK - ASSIGNED BY SECRETARY OF STATE):

**CONCISE SUMMARY:** The proposed chapter describes the fee structure for funding contracts with third party environmental professionals who provide supplemental technical review and assessment of monitoring information related to significant groundwater wells, as required by PL 2007, ch. 399(15).

This chapter also addresses public information, pre-application and pre-submission meeting requirements associated with an application for a Natural Resources Protection Act permit for a significant groundwater well. This chapter is a routine technical rule.

**THIS RULE WILL NOT HAVE A FISCAL IMPACT ON MUNICIPALITIES.**

**STATUTORY AUTHORITY:** PL 2007, ch. 399, Sections 14 and 15; and 38 M.R.S.A. §341-D(1-B).

**PUBLIC HEARING:** A public hearing is not planned. A request for a hearing must be in writing, directed to the agency contact person listed below, and received by the comment deadline below.

**DEADLINE FOR COMMENTS: September 19, 2008 at 5:00 p.m.**

Comments may be submitted by mail, e-mail or fax to the contact person listed below. To ensure the comments are considered, they must include your name and the organization you represent, if any. A copy of the rule is available upon request from the contact below, and on the web at: <http://www.maine.gov/dep/blwq/rule.htm>

A copy of the small business economic impact statement may be obtained from the contact below.

**AGENCY CONTACT PERSON:** Hetty Richardson  
**AGENCY NAME:** Maine Department of Environmental Protection  
**ADDRESS:** 17 State House Station  
 Augusta, Maine 04333-0017  
  
**TELEPHONE:** 207-287-7799  
**EMAIL:** [Hetty.L.Richardson@maine.gov](mailto:Hetty.L.Richardson@maine.gov)  
**FAX:** 207-287-7826

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Please approve bottom portion of this form and  
 assign appropriate MFASIS number.

APPROVED FOR PAYMENT \_\_\_\_\_ DATE: \_\_\_\_\_  
Authorized signature

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