

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
 COMMUNITY PUBLIC WATER SYSTEM  
 SERVING 250 OR MORE PEOPLE  
 APPLICATION FOR A NEW SYSTEM OR WELL**

\* Approval of a new public water system requires well and system approval. Compliance of the entire water system will be evaluated during a comprehensive inspection by the Drinking Water Program.



Water Utility  
 Mobile Home Park  
 Nursing Home  
 Apartment Building  
 Condominiums  
 and others



Drinking Water Program  
 Division of Environmental Health  
 Maine Center for Disease Control and Prevention  
 Department of Health and Human Services  
 11 State House Station, 286 Water Street  
 Augusta, Maine 04333-0011  
 TEL: (207) 287-2070 TTY: (800) 606-0215 FAX: (207) 287-4172  
 Web Address: <http://www.medwp.com>

Field Inspector: \_\_\_\_\_

Field Inspector Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Compliance Officer: \_\_\_\_\_ Phone: \_\_\_\_\_

Date this packet was sent or delivered in person: \_\_\_\_\_

**Formatted for Double Sided Printing**

Title: New System or Well Approval Application for Community Public Water System Serving 250 or More People

SOP ID:  
 Revision: B  
 Accepted By:

Prepared By: N. Saunders  
 Date: April 27, 2010  
 Date of Revision: 4-27-2010  
 Date:



## IS YOUR ESTABLISHMENT A PUBLIC WATER SYSTEM?

*A public water system is defined as any publicly or privately-owned system of pipes or other constructed conveyances, structures and facilities through which water is obtained for or sold, furnished or distributed to the public for human consumption, if such system has at least 15 service connections or serves at least 25 individuals daily at least 60 days out of the year or bottles water for sale. The term "public water system" shall include any collection, treatment, storage or distribution pipes or other constructed conveyances, structures or facilities under the control of the supplier of water and used primarily in connection with such a system, and any collection or pretreatment storage facilities not under that control that are used primarily in connection with such a system.*  
(From the State of Maine Rules Relating to Drinking Water)

This definition means that if you serve water from your own source (well or surface intake) to 25 or more people per day, or have 15 or more service connections, and operate for 60 or more days per year, you are operating a public water system. There are three types of public water systems and each is regulated differently. The three types are:



### **Community Public Water System:**

A public water system which serves at least fifteen service connections used by year-round residents or regularly serves at least 25 year-round residents. (Year-round is defined as permanent residence greater than six months.) Examples include water utilities, mobile home parks, apartment buildings, nursing homes.



### **Non-Transient, Non-Community Public Water System:**

A non-community public water system that serves at least 25 of the same persons for six months or more per year. Examples include schools, office buildings, factories.



### **Transient Public Water System:**

A non-community public water system that serves at least 25 persons, but not necessarily the same persons, for at least 60 days per year. Examples include restaurants, camps and campgrounds, motels and hotels, and bottled water companies.

**“New Well”** is defined as a well that has not been drilled yet or an existing well that has not been regulated as a public water source in the last three (3) years... new to the Maine Drinking Water Program (*this includes After the Fact wells*).

If you are planning a new well for a new or existing **Community** public water system serving 250 or more people, the materials you need for well and system approval are within this application, or referred to in this application. If you are planning a well for a transient or a non-transient, non-community system, please request the appropriate packet from the Drinking Water Program.

Please contact the Drinking Water Program at (207)-287-2070 if you have any questions concerning the process for reviewing an application for a new well or a new public water system. Compliance of the entire public water system will be evaluated during a comprehensive inspection by the Drinking Water Program. Please contact Nate Saunders at 207-287-5685 or, [nathan.saunders@maine.gov](mailto:nathan.saunders@maine.gov) for more information.

## GETTING APPROVAL FOR A COMMUNITY PUBLIC WATER SYSTEM OR WELL SERVING 250 OR MORE PEOPLE

If you own or operate a public water system in Maine, or are planning to establish one, drilling and utilizing a new well for serving water to the public requires written approval from the Maine Drinking Water Program (DWP) in the Department of Health and Human Services. This application has the material you need to complete this process.

Every public water system has two primary points of contact with the Maine Drinking Water Program:

- **Field Inspector**... responsible for helping you to complete the new well and system approval process and all aspects of inspecting your public water system. Your Field Inspector contact information is on the front cover of this publication.
- **Compliance Officer**... responsible for evaluating water quality and overall compliance of your public water system with the Maine Rules Relating to Drinking Water. Your Compliance Officer contact information is on the front cover of this publication.

### STEPS OF THE NEW WELL AND SYSTEM APPROVAL PROCESS

- 1.** Fill in the “Facility Information and Points of Contact” form.
- 2.** Fill in the “Request for Preliminary Well/System Approval” form. Note that public water system wells must be 300 feet from leachfields and 1000 feet from underground storage tanks. See setback waiver policies at [www.medwp.com](http://www.medwp.com), Downloadable Documents, New Well Approval.
- 3.** Fill in the “Potential Sources of Contamination” form.
- 4.** Calculate the wellhead protection area (WHPA) and submit a “Site Plan for Preliminary Approval of the Proposed Well”. Instructions and a sample site plan are provided in this packet.

**Send items 1-4 to your Field Inspector**, identified on the front cover of this publication.

- 5.** Complete the application process for a General Operations Permit (contact information is enclosed).
- 6.** After Preliminary Approval has been granted by the Field Inspector, the well can then be drilled. (For a system with an existing well, after preliminary approval is granted, proceed to the next step)
- 7.** Work with the Compliance Officer to arrange the necessary water quality tests to be collected.
- 8.** Fill in the “Request for Final Well/System Approval” form.
- 9.** Fill in the “Water System Component Checklist and Questionnaire”.

**Send items 8-9 to your Field Inspector.**

Note: If your public water system is already in operation serving water to the public, complete items 1 through 9 and send all materials to your Field Inspector.

- 10.** After final system or well approval is granted, contact the Field Inspector or Compliance Officer when water is being served to the public from this new well or new public water system.

## Public Water System Facility Information and Points of Contact

Facility Name: \_\_\_\_\_  
Tax Map & Lot Number: \_\_\_\_\_  
Road Address: \_\_\_\_\_  
City or Town: \_\_\_\_\_  
County: \_\_\_\_\_  
On-Site Contact Person: \_\_\_\_\_  
On-Site Phone: \_\_\_\_\_  
Person completing this form: \_\_\_\_\_

For Office Use Only

PWSID#: \_\_\_\_\_

Date Entered: \_\_\_\_\_

The Maine Drinking Water Program (DWP) keeps record of several contacts involved with managing and maintaining every public water system. Please record contact information below. If you have an existing public water system, please fill in the contact information below.

### Administrative Contact (Principal point of contact for DWP correspondence)

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Financial Contact (Receives the DWP annual bill)

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Emergency Contact (The person the DWP will try to reach in case of a drinking water emergency)

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Owner

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Sampler

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Designated Operator

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

### Operator

Name: \_\_\_\_\_ Fax (dedicated line): \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_ E-mail: \_\_\_\_\_  
Phone: \_\_\_\_\_

Please copy this form to record additional contacts.

**REQUEST FOR PRELIMINARY APPROVAL  
FOR A COMMUNITY PUBLIC WATER SYSTEM OR WELL SERVING 250 OR MORE PEOPLE**

Note: Preliminary approval is required **before** a well is drilled.

Facility Name: \_\_\_\_\_  
PWSID# (if an existing public water system): \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Town or City: \_\_\_\_\_

**NOTE THAT A NEW WELL MUST BE  
DRILLED BY A WELL DRILLER  
LICENSED IN THE STATE OF MAINE.  
FOR A LIST OF WELL DRILLERS,  
CONTACT THE MAINE WELL DRILLING  
COMMISSION AT (207) 287-5699**

This application is for (check one):

- An additional or new well for an existing public water system?
- A well for an existing facility which has not been regulated before?
- A well for a proposed facility which has not yet been constructed?

**Allow 30 Days for Processing**

I plan to drill the well by \_\_\_\_\_ (date). I want to have it on-line by \_\_\_\_\_ (date)

**This application will be returned unless accompanied by:**

1. A location map (an "X" drawn on a map from the Maine Atlas and Gazetteer is sufficient)
2. A site plan (more detailed map of the well site) including:
  - A scale (1inch = 100 feet or similar)
  - All potential contaminant sources (leach fields, fuel tanks etc.) within 300 feet of the well.
  - Underground Storage Tanks within 1000 feet of the well.
  - Surface water bodies (lakes, streams, ponds) within 300 feet of the well.
  - Property boundaries and the land uses on adjacent properties
  - The general slope of land near the well
3. A copy of HHE 200 septic system design form if a leach field is within 300 feet of the well.

**ESTABLISHMENT DESCRIPTION**

**CHECK ALL THAT APPLY:      NUMBER OF:**

- Water Utility                      \_\_\_\_\_ service connections
- Mobile Home Park                \_\_\_\_\_ licensed sites
- Apartments                        \_\_\_\_\_ units
- Elderly Apartments                \_\_\_\_\_ units
- Boarding Home                    \_\_\_\_\_ beds
- Nursing Home                      \_\_\_\_\_ beds
- Other (describe) : \_\_\_\_\_

Is this a seasonal operation? \_\_\_\_\_ If yes, season begins? \_\_\_\_\_ season ends? \_\_\_\_\_

How many feet away is the nearest property line? \_\_\_\_\_ (feet)  
How much land is controlled and/or owned? \_\_\_\_\_ (acres)  
How many feet to the nearest corner of any leachfield? \_\_\_\_\_ (feet). *Setback waiver is required if less than 300 feet*  
How many feet to the nearest underground storage tank? \_\_\_\_\_ (feet). *Setback waiver is required if less than 1000 feet*

**CERTIFICATION:** I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate and no site details have been omitted which would have a bearing on the suitability of the site for installation of a public water supply well. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature: \_\_\_\_\_ Title \_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

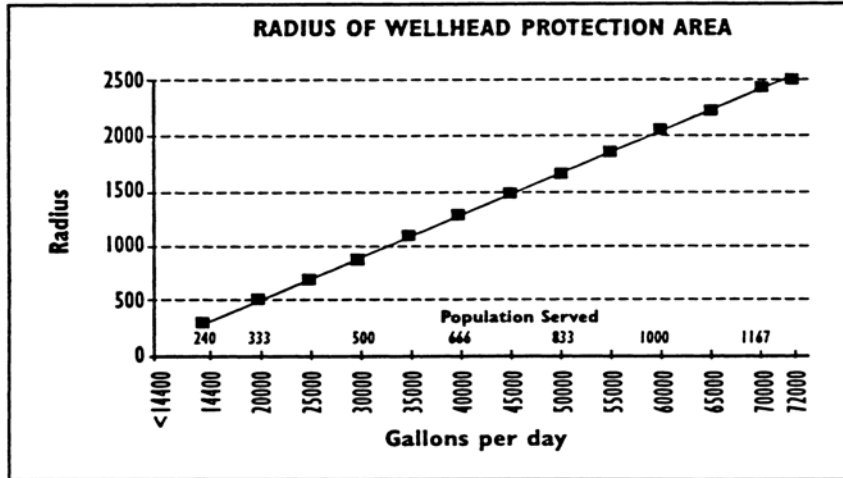
**FOR OFFICE USE ONLY:** Field Inspector \_\_\_\_\_ Population Estimate: \_\_\_\_\_  
Date this form was received \_\_\_\_\_ Source ID Number \_\_\_\_\_ Date of Site visit \_\_\_\_\_  
Will a Setback Reduction Waiver be required? \_\_\_\_\_ If yes, use Setback Waiver Form. New PWSID# needed? \_\_\_\_\_  
If yes, Unique or Parent/Child? \_\_\_\_\_ Is system Active (A) or Proposed (P) at this time? \_\_\_\_\_

# POTENTIAL SOURCES OF CONTAMINATION (PSC), CURRENT OR PAST

PWS Name _____			PWSID# _____		
			Field Inspector Name _____		
Number of PSCs	Land Use Activity	Distance to well	Number of PSCs	Land Use Activity	Distance to well
<b>HERBICIDE / PESTICIDE USE</b>			<b>OTHER</b>		
	1. Agricultural chemical spreading or spraying			50. Abandoned well	
	2. Agricultural chemical storage			51. Boat builder, refinisher, maintenance	
	3. Bulk grain storage			52. Chemical reclamation	
	4. Chemically fertilized agricultural field			53. Food processor	
	5. Golf course			54. Graveyard & cemetery	
	6. Herbicide sales or applicator			55. Heat treater, smelter, annealer, descaler	
	7. Nursery or garden shop			56. Incinerator	
	8. Pesticide sales or applicator			57. Industrial discharge	
	9. High voltage transmission lines			58. Industrial manufacturer	
<b>PETROLEUM / HYDROCARBON USE (VOCS OR SEMI-VOCS)</b>				59. Industrial waste disposal	
	10. Aboveground oil storage tank (including home heating oil tanks)			60. Landfill, dump, transfer station	
	11. Underground oil storage tank			61. Metal plating	
	12. Airport fueling area			62. Military facility	
	13. Airport maintenance			63. Monitoring well	
	14. Auto chemical supply wholesaler			64. Railroad yard or line	
	15. Auto repair			65. Recycling or processing center ( <i>other than beverages</i> )	
	16. Body shop			66. Research laboratory	
	17. Concrete, asphalt, tar, coal company			67. Residential home	
	18. Dry cleaner			68. Rust proofer	
	19. Furniture stripper			69. Salt pile or sand & salt pile	
	20. Gas station, service station			70. Septic system, septic waste disposal	
	21. Junk or salvage yard			a. Beauty parlor	
	22. Machine shop			b. Car wash	
	23. Oil pipeline			c. Laundromat	
	24. Painters, finisher			d. Medical, dental, veterinarian office	
	25. Parking lot			e. Mortuary/ funeral parlor	
	26. Photo processor			f. Multi-unit housing	
	27. Printer			g. Single-family housing	
	28. Sand & gravel mining, other mining			h. Other _____	
	29. Small engine repair shop			71. Sewer line	
	30. Snow dump (large commercial or municipal)			72. Sludge disposal or spreading	
	31. Stormwater impoundments or run-off area			73. Wastewater impoundment area	
	32. Truck terminal			74. Wastewater treatment plants, discharge	
<b>BACTERIA AND INORGANICS SUCH AS NITRATES / NITRITES</b>				75. Wood preserver	
	40. Animal burial (large scale site)			76. Other – Please indicate other potential contamination sites not included in this list. _____	
	41. Animal grazing				
	42. Barnyard				
	43. Manure pile				
	44. Manure spreading				
	45. Meat packer, slaughter house				
	46. Municipal wastewater plant				

## CALCULATING THE WELLHEAD PROTECTION AREA (WHPA)

The WHPA is a circle whose radius is determined based on the population to be served or gallons of water per day to be used by the water system. Use the table or graph below to determine the WHPA for your well. For example, from Table 1, a well to serve a water system of 750 people would have a WHPA with a radius of 1,470 feet. [NOTE: After conducting a pump test on the well, this WHPA may be replaced by a more realistic one based on the hydrogeology of the site.]

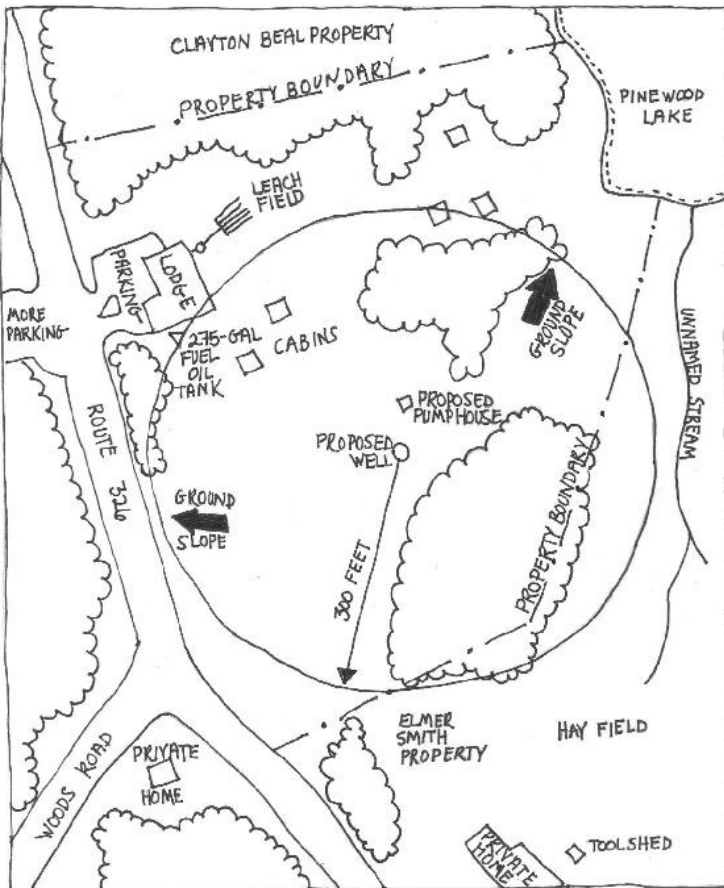


**Table 1. Size of Wellhead Protection Area**

VOLUME GPD	POPULATION Served	RADIUS Feet
<14,400	<240	300
14,400	240	300
20,000	333	510
25,000	416	710
30,000	500	900
35,000	583	1090
40,000	666	1,280
45,000	750	1,470
50,000	833	1,660
55,000	916	1,850
60,000	1000	2,040
65,000	1083	2,230
70,000	1167	2,420
72,000	1200	2,500

Next prepare a map of the well site which shows the well site, the WHPA, and identifies any potential contamination sources in the WHPA. A sample site plan is shown below to assist you in preparing a plan of your property.

### EXAMPLE OF A SITE PLAN FOR PRELIMINARY APPROVAL OF PROPOSED WELL



An acceptable site plan must include:

- A scale (1 inch = 100 feet or larger);
- Potential sources of contamination within 300 feet (leach field, fuel tank, etc.);
- **Underground Storage Tanks within 1000 feet of the well.**
- Property boundaries;
- A description of land uses on adjacent properties;
- The general slope of land near the well; and

## **PUBLIC WATER SYSTEM GENERAL OPERATIONS PERMIT APPLICATION PROCESS**

All Community and Non-Transient, Non-Community Public Water Systems which begin operations after October 1, 1999 are required to obtain a General Operations Permit before serving water to the public to demonstrate that they possess technical, managerial, and financial capacity sufficient to operate their water systems on a sustained basis in compliance with applicable state and federal requirements. To apply for a General Operations Permit, please contact the field inspector identified on the front page of this application.



## COMMUNITY PUBLIC WATER SYSTEM APPROVAL PROCEDURE FOR A NEW SYSTEM OR WELL WATER QUALITY TESTING REQUIRED FOR FINAL APPROVAL

Community public water systems serve water to people in their homes. Examples include water districts, water departments, mobile home parks, and nursing homes. Final approval of a well for a community water system requires satisfactory results for:

**Bacteria** (*"Test G" at State Health Lab*): Indicates whether coliform bacteria are present in the water. If total coliforms are detected, the sample is also analyzed for *E. coli*.

**Nitrate/nitrite** (*"Test NN" at State Health Lab*): A test for nitrate and nitrite.

**Inorganic Parameters** (*"Test E6" at State Health Lab*): A good indicator of general groundwater quality includes: chloride, hardness, fluoride, copper, iron, manganese, zinc, arsenic, barium, cadmium, chromium, lead, mercury, silver, selenium, sodium, color, turbidity, pH, nickel, antimony, beryllium, sulfate, uranium, and thallium.

**Cyanide** (*"Test Cyanide" at State Health Lab*): A test for cyanide.

**Volatile Organic Compounds** (*"Test VOC 524" at State Health Lab*): A screening procedure which can detect the presence of more than 50 different hydrocarbon compounds including gasoline, kerosene, Methyl Tertiary Butyl Ether (MTBE), and many industrial solvents.

**Radon in Water** (*"Test Radon Water" at State Lab*): A test which indicates the activity of radon gas, a naturally occurring radioactive gas which occurs at elevated levels in some Maine ground water.

**Gross Alpha** (*"Test Gross Alpha" at State Lab*): A test for radioactivity exclusive of that from radon. Usually indicates the presence of uranium or radium.

**Semi-volatile Organic Screen** (*"Test SVO 525" at State Lab*): A test for higher boiling point organic compounds which follows EPA method 525.1.

**Herbicide Screen** (*"Test Chlorinated Acids" at State Lab*): Will detect the presence of several widely used herbicides.

**Carbamate Pesticides** (*"Test Carbam 531" at State Lab*): Will detect the presence of several widely used pesticides including carbofuran, aldicarb, and carbaryl.

**Pesticide Screen** (*"Test Pest Cl Pcbcs 508" at State Lab*): Will detect the presence of selected chlorinated hydrocarbon pesticides and PCBs.

For a list of labs certified by the State of Maine, contact the Drinking Water Program at (207) 287-2070. To order bottles from the State Health Lab, call the Compliance Officer listed on the front page of this packet.

# REQUEST FOR FINAL APPROVAL OF A COMMUNITY PUBLIC WATER SYSTEM OR WELL SERVING 250 OR MORE PEOPLE

## WELL CONSTRUCTION INFORMATION

Facility Name \_\_\_\_\_  
 PWSID# \_\_\_\_\_  
 Town or City \_\_\_\_\_  
 On-site Contact \_\_\_\_\_  
 On-site Phone \_\_\_\_\_

**WATER TEST RESULTS MUST  
ACCOMPANY THIS FORM.**

COMPLETE FOR WELLS:	COMPLETE FOR BEDROCK WELLS:	COMPLETE FOR GRAVEL WELLS:
Name & Address of Well Driller:  Driller's License #:	<b>Required Water Tests:</b> <input type="checkbox"/> Bacteria (Test G) <input type="checkbox"/> Nitrate/nitrite (Test NN) <input type="checkbox"/> Volatile Organics (Test VOC 524) <input type="checkbox"/> Radon in water (Test Radon Water) <input type="checkbox"/> Gross Alpha (Test Gross Alpha) <input type="checkbox"/> Semi volatiles (Test SVO 525) <input type="checkbox"/> Herbicide Screen (Test Chlorinated Acids) <input type="checkbox"/> Carbamate Screen (Test Carbam 531) <input type="checkbox"/> Pesticide Screen (Test Pest Cl Pchs 508) <input type="checkbox"/> Inorganic Parameters (Test E6) <input type="checkbox"/> Cyanide (Test Cyanide)	Date drilled:  Total depth:  Depth to bedrock:  Length of casing:  Diameter of casing:  Safe Yield (GPM):
Pump test duration [48 hr minimum] (hours):  Water tests must be conducted by a certified laboratory. If you choose to use the State Health and Environmental Testing Laboratory, call the Compliance Officer (see front page this packet) to order sample bottles.		Date drilled:  Total depth:  Depth to top of screen:  Length of screen:  Diameter of casing:  Safe Yield (GPM):

### CERTIFICATION

I hereby certify that, to my knowledge, the information on this form and attachments is true and accurate. I certify that the well has been drilled as specified on the preliminary approval request submitted earlier and the water test results are from raw water samples taken from the well described above. **Maine law makes it illegal for persons applying for a Departmental permit to make false statements upon an application with the intent to deceive department officials in the course of their official duties, or to create a false impression in a written application for pecuniary or other benefit. Unsworn Falsification is a Class D misdemeanor offense punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

Signature \_\_\_\_\_ Title \_\_\_\_\_

Print Name \_\_\_\_\_ Date \_\_\_\_\_

**Attach copies of water quality test and return to the Field Inspector identified on the front cover of this packet**

**Allow 30 days for processing.**

FOR OFFICE USE ONLY	
SOURCE ID NUMBER	
DATE RECEIVED	
DATE APPROVED	
CONDITIONAL?	

# Water System Component Checklist & Questionnaire

The well approval procedure focuses primarily on the water source and the physical well itself. Compliance of the entire water system will be evaluated during a comprehensive inspection completed by the Drinking Water Program. Please check off the components that are, or will be, part of the water system. Include notes as needed.

Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_

Submersible well pump

Above-ground suction well pump

Bladder pressure tank(s)  
Qty \_\_\_\_\_  
Size(s) (gal) \_\_\_\_\_

Hydropneumatic pressure tank  
Size (gal): \_\_\_\_\_

Atmospheric storage tank & pump  
Size (gal): \_\_\_\_\_

Gravity storage tank  
Size (gal): \_\_\_\_\_

Sediment filter  
Type: \_\_\_\_\_

Water meter

Treatment (please specify):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is supplied by this water system (buildings/units/etc.)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other water system information:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_