

**DEPARTMENT OF HEALTH AND HUMAN SERVICES
COMMUNITY PUBLIC WATER SYSTEM
SERVING LESS THAN 250 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>

PWS Inspector: _____

PWS Inspector Address: _____

Phone: _____ Fax: _____

Date this packet was sent or delivered in person : _____

Formatted for Double Sided Printing

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 five (5) 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 less than 250 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 or see the DWP website: www.medwp.com

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.

GETTING APPROVAL FOR A COMMUNITY PUBLIC WATER SYSTEM OR WELL SERVING LESS THAN 250 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 materials you need to complete this process.

Every public water system has a primary point of contact with the Maine Drinking Water Program:

- **PWS Inspector**... responsible for helping you to complete the new well and system approval process, all aspects of inspecting your public water system, and for evaluating water quality and overall compliance of your public water system with the Maine Rules Relating to Drinking Water. Your PWS Inspector 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.
3. Fill in the "Potential Sources of Contamination" form.
4. Provide (sketch) a "Site Plan for Preliminary Approval of the Proposed Well". A sample is provided in this packet
Send items 1-4 to your PWS 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 PWS 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 PWS Inspector to arrange required 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 PWS 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 PWS Inspector.
10. After final system or well approval is granted, contact the PWS Inspector when water is being served to the public from this new well or new public water system.

Public Water System Points of Contact Change Form

Person Completing this form:	Date:
Public Water System Name:	PWSID#:
Person providing information:	New owner? <input type="checkbox"/>

<input type="checkbox"/>	Change of single address only. Enter data for this POC change of address. Leave the other boxes blank.
<input type="checkbox"/>	Change of POC or multiple address changes. All boxes must be completed. Add additional boxes if necessary. If a Point of Contact (POC) has no change just check the "No Change" box. Do not fill out the rest of the information. If a person is more than one type of POC, type "same as _____" in the name field.

Administrative Contact (AC)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Emergency Contact (EC)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Financial Contact (FC)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Owner (OW)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Sampling (SA)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Designated Operator (DO)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Please indicate which if any this DO replaces:

Use the "Other" boxes below to add additional DO

<input type="checkbox"/>	Confirmation from Operator Licensing Staff Received
--------------------------	---

Operator (OP)	<input type="checkbox"/>	No Change	
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Please indicate which if any this OP replaces:

Use the "Other" boxes below to add additional OP

Other (indicate type of POC)			
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Please indicate the POC that this person replaces if applicable:

Other (indicate type of POC)			
Name:		Fax (Dedicated line):	
Mailing Address:		Emergency Phone:	
City, State, Zip Code:		E-mail:	
Phone:			

Please indicate the POC that this person replaces if applicable:

Note: Whoever makes these changes to SDWIS must print out this form and send it to the PWS file. (DWP0185-F)

Please copy this form to record additional contacts.

**REQUEST FOR PRELIMINARY APPROVAL
FOR A COMMUNITY PUBLIC WATER SYSTEM OR WELL SERVING LESS THAN 250 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)

Well Driller's Name: _____ License #: _____

This application will be returned unless accompanied by:

1. A location map (an "X" drawn on a map from the Maine Atlas and Gazateer is sufficient)
2. A site plan (more detailed map of the well site) including:
 - A scale (1 inch = 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.**

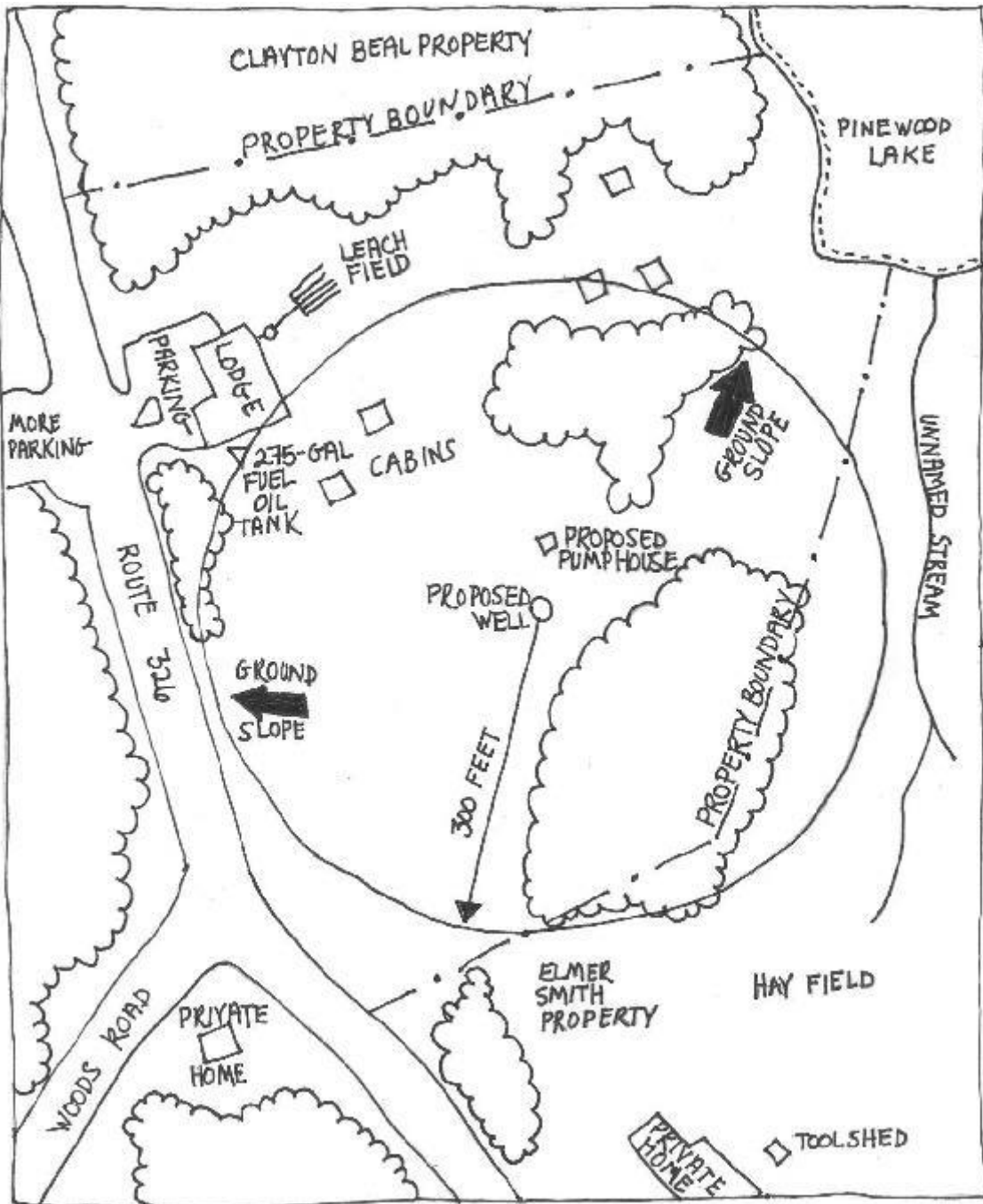
Signature: _____ Title _____
 Print Name _____ Date _____

FOR OFFICE USE ONLY: PWS 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# _____		Date: _____
			PWS Inspector Name _____		
Number of PSCs	Land Use Activity	Distance to well	Number of PSCs	Land Use Activity	Distance to well
	HERBICIDE / PESTICIDE USE		OTHER		
	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	
	PETROLEUM / HYDROCARBON USE (VOCS OR SEMI-VOCS)			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	
	BACTERIA AND INORGANICS SUCH AS NITRATES / NITRITES			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				

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
- Surface water bodies within 300 feet of the well.

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 PWS Inspector identified on the front page of this application.

LICENSED OPERATOR REQUIREMENTS

A “Community” public water system (PWS) must be operated by a licensed water operator. The complexity of the treatment system and the number of people served by the distribution system determines the license classifications required by the operator. Your PWS Inspector will use The Maine Rules Relating to the Licensure of Water System Operators to determine the license classifications required by your water system.

The licensed water operator for your water system must have a current Maine water operator’s license that meets the requirements of your specific water system. Licensed contract operators are available for hire throughout the State. You may also choose to become your own operator by obtaining the necessary license(s). The Drinking Water Program has study materials available, while other entities provide training on becoming a licensed water operator. Please contact your PWS inspector or call the Maine Drinking Water Program at 287-2070 to discuss the options available to you for providing or becoming a licensed operator for your water system.



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.

PFAS Screen: (“*Test PFAS* at accredited labs employing EPA methods, 533, 537 or 537.1 for use in potable water)

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 PWS Inspector listed on the front page of this packet.

REQUEST FOR FINAL APPROVAL OF A COMMUNITY PUBLIC WATER SYSTEM OR WELL SERVING LESS THAN 250 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:	Required Water Tests: <input type="checkbox"/> Bacteria <input type="checkbox"/> Nitrate/nitrite <input type="checkbox"/> Volatile Organics <input type="checkbox"/> Radon in water	Date drilled:	Date drilled:
		Total depth:	Total depth:
Driller's License #:	<input type="checkbox"/> Gross Alpha <input type="checkbox"/> Semi volatiles <input type="checkbox"/> Herbicide Screen	Depth to bedrock:	Depth to top of screen:
Pump test duration (hours):	<input type="checkbox"/> Carbamate Screen <input type="checkbox"/> Pesticide Screen <input type="checkbox"/> Inorganic Parameters <input type="checkbox"/> Cyanide	Length of casing:	Length of screen:
		Diameter of casing:	Diameter of casing:
Water tests must be conducted by a certified laboratory. If you choose to use the State Health and Environmental Testing Laboratory, call the PWS Inspector (see front page this packet) to order sample bottles. If you chose to use a private certified laboratory, enter name of certified laboratory here: _____		Safe Yield (GPM):	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 PWS 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	

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:
