

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NON-TRANSIENT, NON-COMMUNITY PUBLIC WATER SYSTEM  
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.



School  
Day Care  
Office Building  
Factory  
Hospital  
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: \_\_\_\_\_

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## 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 **Non-Transient, Non-Community** public water system, 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 community system, please request the appropriate packet from the Drinking Water Program or see the DWP Website: [www.medwp.com](http://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 NON-TRANSIENT, NON-COMMUNITY PUBLIC WATER SYSTEM OR WELL

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 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](http://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 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"/>	<b>Change of single address only.</b> Enter data for this POC change of address. Leave the other boxes blank.
<input type="checkbox"/>	<b>Change of POC or multiple address changes.</b> 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.

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

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

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

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

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

<b>Designated Operator (DO)</b>	<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
--------------------------	---

<b>Operator (OP)</b>	<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

<b>Other (indicate type of POC)</b>			
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:

<b>Other (indicate type of POC)</b>			
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)

**REQUEST FOR PRELIMINARY APPROVAL  
FOR A NON-TRANSIENT, NON-COMMUNITY PUBLIC WATER SYSTEM OR WELL**

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 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:**

- School                                \_\_\_\_\_ students plus staff
- Day Care                                \_\_\_\_\_ children plus staff
- Office Building                        \_\_\_\_\_ employees
- Factory                                 \_\_\_\_\_ employees
- Hospital                                \_\_\_\_\_ beds plus total staff all shifts
- 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 \_\_\_\_\_

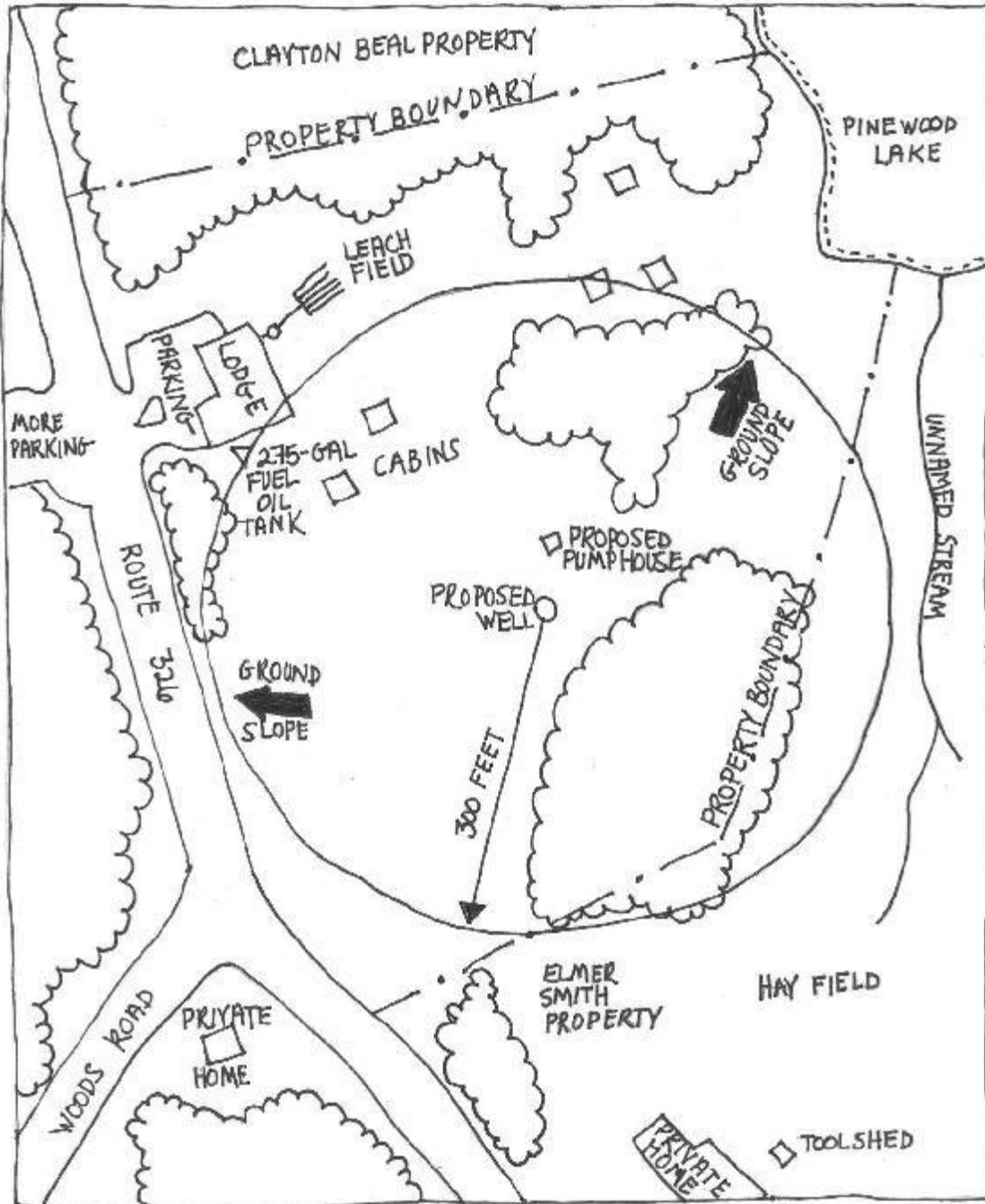
Print Name \_\_\_\_\_ Date \_\_\_\_\_

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 the 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
	<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				

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 “Non Transient Non 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.



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

Non-transient, non-community (NTNC) public water systems serve at least 25 of the same persons for 6 months or more per year. Examples include schools, day care centers, and businesses. Final approval of a well for an NTNC 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 Pcb 508*” at *State Lab*): Will detect the presence of selected chlorinated hydrocarbon pesticides and PCBs.

### **For Schools and Child Care Facilities Only**

**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 NON-TRANSIENT, NON-COMMUNITY PUBLIC WATER SYSTEM OR WELL

## 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:								
<table style="width: 100%;"> <tr> <td style="width: 30%; vertical-align: top;">Name &amp; Address of Well Driller:</td> <td style="vertical-align: top;"> <b>Required Water Tests:</b>  <input type="checkbox"/> Inorganic Parameters  <input type="checkbox"/> Volatile Organics  <input type="checkbox"/> Extended Inorganics  <input type="checkbox"/> Radon in water         </td> </tr> <tr> <td style="vertical-align: top;">Driller's License #:</td> <td style="vertical-align: top;"> <input type="checkbox"/> Gross Alpha  <input type="checkbox"/> Semi volatiles  <input type="checkbox"/> Herbicide Screen         </td> </tr> <tr> <td style="vertical-align: top;">Pump test duration (hours):</td> <td style="vertical-align: top;"> <input type="checkbox"/> Carbamate Screen  <input type="checkbox"/> Pesticide Screen         </td> </tr> <tr> <td colspan="2" style="vertical-align: top;">           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: _____         </td> </tr> </table>	Name & Address of Well Driller:	<b>Required Water Tests:</b> <input type="checkbox"/> Inorganic Parameters <input type="checkbox"/> Volatile Organics <input type="checkbox"/> Extended Inorganics <input type="checkbox"/> Radon in water	Driller's License #:	<input type="checkbox"/> Gross Alpha <input type="checkbox"/> Semi volatiles <input type="checkbox"/> Herbicide Screen	Pump test duration (hours):	<input type="checkbox"/> Carbamate Screen <input type="checkbox"/> Pesticide Screen	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: _____		Date drilled:	Date drilled:
Name & Address of Well Driller:	<b>Required Water Tests:</b> <input type="checkbox"/> Inorganic Parameters <input type="checkbox"/> Volatile Organics <input type="checkbox"/> Extended Inorganics <input type="checkbox"/> Radon in water									
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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: _____										
	Total depth:	Total depth:								
	Depth to bedrock:	Depth to top of screen:								
	Length of casing:	Length of screen:								
	Diameter of casing:	Diameter of casing:								
	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	
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):

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

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Other water system information:

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