

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)

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