

# 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:
<p>Name &amp; Address of Well Driller:</p>	<p>Date drilled:</p>	<p>Date drilled:</p>
<p>Driller's License #:</p>	<p>Total depth:</p>	<p>Total depth:</p>
<p>Pump test duration [48 hr minimum] (hours):</p>	<p>Depth to bedrock:</p>	<p>Depth to top of screen:</p>
<p>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. If you chose to use a private certified laboratory, enter name of certified laboratory here: _____</p>	<p>Length of casing:</p>	<p>Length of screen:</p>
<p>_____</p>	<p>Diameter of casing:</p>	<p>Diameter of casing:</p>
<p>_____</p>	<p>Safe Yield (GPM):</p>	<p>Safe Yield (GPM):</p>

### 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?	_____