

STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH
DRINKING WATER SECTION

APPLICATION FOR A PUBLIC WATER SYSTEM WELL SITE SUITABILITY CERTIFICATION

PLEASE REFER TO INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR A PUBLIC WATER SYSTEM WELL SITE SUITABILITY CERTIFICATION PRIOR TO FILLING OUT.

Application will be returned if it is incomplete

Section A. Public Water System and Applicant Information

PWS Name: _____

Project Name: _____

Project Address: _____

PWSID Number: CT _____ PWS Type (select one): Community NTNC TNC

Town: _____ DPH Project Number (if known): _____

Print Name of PWS Administrative Official: _____

Title: _____

Address: _____

Phone Number: _____

Fax Number: _____

E-mail Address: _____

Name of Consultant _____

Company Name: _____

Address: _____

Phone Number: _____

Name of Licensed Well Driller (must be licensed in CT): _____

CT License Number: _____

Address: _____

Phone Number: _____

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Section B. Well Information

1. Purpose of proposed well (Check One):

- New Public Water System Source Replacement Well Supplemental Well

2. Name of Proposed Well: _____

Type: Bedrock Gravel Packed Other _____

3. Desired Withdrawal Rate (check one):

- <10 gallons per minute (gpm) 10-50 gpm >50 gpm

4. Indicate address where well will be located or closest town road or intersection:

5. Latitude and Longitude of proposed well site:

Lat: ____° ____' ____" N Long: ____° ____' ____" W

6. Is proposed well site staked or marked in the field? Yes No

Section C. Well Site Characteristics

1. Is the proposed well site located above the FEMA100-year flood elevation? Yes No (See RCSA Section 19-13-B102(d)(1)(A) and instructions for completing.) _____

2. Does the public water system have full control (ownership) of the entire sanitary radius of the proposed well? If the public water system does not have control of the sanitary radius, indicate below how control will be obtained. _____

3. Indicate the locations of all nearby existing public and private wells, their corresponding distances to the proposed well and provide a brief description of potential effects the proposed new source of supply may have on these nearby systems. _____

Section D. Map Information

Attach a scaled site or street/zoning map certified by a Professional Engineer or Land Surveyor licensed in the State of Connecticut containing the following items:

- Location of proposed well(s) with GPS points noted
 Adjacent public and private active/inactive well(s) that will be tested for interference during the yield test, if applicable (CGS 25-33(b))
 Show the appropriate sanitary radius as listed in Section E Table 2.
 Sanitary Land conservation easement boundary, if applicable
 Existing and potential sources of pollution within 200 feet (see Section E Table 2)
 Topographic contours appropriate for the scale of the map.
 100-year flood elevation contour, if applicable
 North arrow
 Annual high water mark, wetland delineation, surface water bodies and watercourses (perennial and intermittent)

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Section E. Sources of Pollution

1. Are there any known existing contaminated areas, as classified by the CT Department of Environmental Protection within a 1,500-foot radius of the proposed well site? Yes No; If yes, then describe below the current condition of the area and indicate separating distances from proposed well site. _____

2. Complete the following table:

Pollution Source	Required separation distances (feet) based on well pumping rate			Actual Separation Distance (feet)
	< 10 gpm	10-50 gpm	> 50 gpm	
Subsurface Sewage System (septic tank/leaching fields)	75	150	200	
Sanitary Sewer-Minimum separating distances may be reduced under specific conditions. Refer to the instructions for details.	75	150	200	
Storm Drain	25	50	50	
Foundation, Floor Drain	25	50	50	
Dry Well	75	150	200	
High Water Mark for Surface Water Body	25	50	50	
Liquid Fuel Storage Tank/Piping	75	150	200	

Section F. Dioxin, Endothall, Beta Particle and Photon Emitter Assessment

The purpose of this section is to obtain an assessment to determine if the proposed site of a source of supply/well will be required to be tested for Dioxin, Endothall and /or Beta Particle and Photon Emitters.

1. Complete and attach "Certification Form for Dioxin and Endothall". Required only for Community and Non-Transient Non-Community Water Systems; refer to the instructions for guidance.
2. Complete and Attach "Certification Form for Beta Particle and Photon Emitters". Analyses required only for Community Water Systems, refer to the instructions for guidance

Section G. Certification Statement

I certify to the best of my knowledge that the information provided in this application is complete and correct. I understand that the information I provide will be used by the Department of Public Health, Drinking Water Section to determine if a Well Site Suitability Certification can be granted. I further understand that if an approval is issued, the well must be drilled in the location approved by the Department.

Signature of Applicant _____ Date

Name of Applicant (print or type) _____ Title (if applicable)

This application along with additional information on the public water system well approval process is located on the DPH Drinking Water Section's web page: www.ct.gov/dph click on "Programs and Services" then "Drinking Water"

Drinking Water Section Use Only

Date Stamped: _____
Assigned Staff Person: _____ Project No: _____