

## **WELL SITE APPLICATION**

### **for New Public Water System Well**

Complete this application as accurately and completely as possible. Ohio EPA will use the information you provide to evaluate the proposed site to determine if the site is able to meet applicable requirements for siting a potable well and to provide information regarding susceptibility to contamination and things you can do to help protect the well.

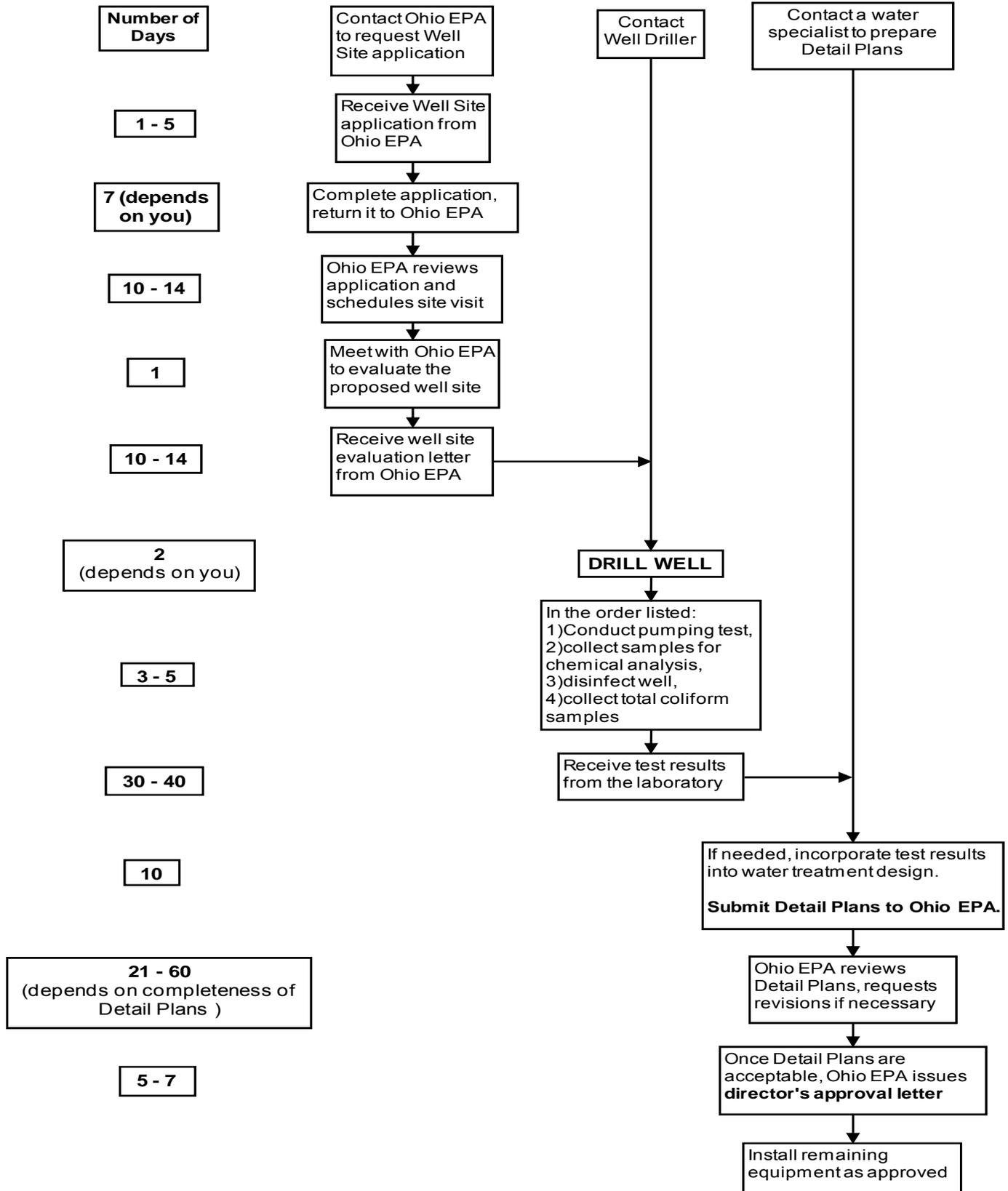
Completion of this document does **NOT** constitute approval to use the well once it has been drilled. Approval to use the well is not granted until after an acceptable set of detail plan drawings has been submitted to and approved by the director of Ohio EPA.

You are also responsible for obtaining all other local and state permits for the proposed well as may be required by law. In addition, if the proposed water system will include treatment devices that generate a waste stream (filter backwash, etc.), it is your responsibility to contact the Division of Surface Water at the Ohio EPA District Office covering the county where the facility is located for additional waste treatment requirements.

A source water approved capacity determination will be required for well fields associated with new municipal or similar type new water systems. Also, a source water approved capacity will be determined when well field improvements are part of a project that will increase the approved capacity established for existing water treatment systems or you request an increase in the approved capacity of your source water (well field). These approved capacities will be determined in accordance with "Planning and Design Criteria for Establishing Approved Capacity for: 1) Surface Water and Ground Water Supply Sources, 2) Drinking Water Treatment Plants (WTPs), and 3) Source/WTP Systems" (Approved Capacity document). See Ohio Administrative Code 3745-91 for further information. Approved capacity determinations for systems not addressed above will be determined in accordance with the Ohio EPA's "Guidelines for Design of Small Public Water Systems" (Greenbook).

- When you have completed the application, make a copy for your records and return the application along with the site map and any other drawings you may have to the Ohio EPA District Office serving the county where the water system is (or will be) located. Addresses and phone numbers for the District Offices are provided on the last page of the application.
- If you have questions about completing the application, contact your Ohio EPA District Office and ask for the Drinking Water Program county representative for the county where the public water system is located.
- An Ohio EPA representative will contact you once we have reviewed the application. If you have not been contacted within 10 – 14 days after you sent in the application, please call your District Office.
- An average timeline for the entire well approval process is shown on the next page. The amount of time required to gain well approval is site specific and can vary significantly from the average. Please discuss any specific time constraints you may have with Ohio EPA District Drinking Water staff.

# Typical Timeline



## PART ONE – CONTACT INFORMATION

<b>Owning Organization (OW)</b>					
Organization Name:					
Street:					
City:		State:		Zip:	
Office Phone:					

<b>Administrative Contact (AC):</b>					
Name:					
Street:					
City:		State:		Zip:	
Office Phone:		Mobile Phone:			
e-mail:					

<b>Operating Organization (LE) (Organization responsible for the facility's operation if different from owner.)</b>					
Organization Name:					
Street:					
City:		State:		Zip:	
Office Phone:					
Operators Name:					
Operator's Office Phone:		Operator's Mobile Phone:			

<b>Water Treatment Plant</b>				
Treatment Plant Name:				
<b>Treatment Plant Physical Address</b>				
Street:				
City:		State:		Zip:
If no address assigned, provide a description of the plant's location:				

<b>Well Driller/Engineer (if known):</b>				
Name:				
Street:				
City:		State:		Zip:
Office Phone:		Mobile Phone:		
e-mail:				

<b>Applicant:</b>				
Name:				
Title:				
Street:				
City:		State:		Zip:
Office Phone:		Mobile Phone:		
e-mail:				
Applicant Signature:				Date:

## PART TWO – WELL INFORMATION

1. a. Is the water system  New  Existing
- b. For existing facilities, how many wells are already located at the site? (Both in use and *not* in use) \_\_\_\_\_
2. How many wells are proposed at this time?\* \_\_\_\_\_
3. Is the proposed well:
- a. a replacement for an existing water source?  Yes  No
- If yes, do you have metered documentation of water usage?  Yes  No
- b. a supplement to an existing source?  Yes  No
- If yes, how many wells are currently in use at the facility? \_\_\_\_\_
- c. an existing well not previously used for a public water system?  Yes  No
- If yes, when was the well drilled? \_\_\_\_\_
- If yes, well log number? (attach a copy of the well log) \_\_\_\_\_
- d. Was the well approved by the local health department for private use?  Yes  No
- If yes, when was the well approved by the health department? \_\_\_\_\_
- e. Is the well easily accessible for testing, repair, cleaning, treatment, etc.?  Yes  No
4. Are additional wells under consideration in the future?  Yes  No
- If yes, when? \_\_\_\_\_

\*If more than one well is proposed at this time, answer question 3a-e for each proposed well. You may wish to make additional copies of this page.

**PART TWO – WELL INFORMATION (continued)**  
**For existing Community water systems only**

5. If multiple wells are already in use at the site:

1. List the quantity in gallons per minute each well pumps individually

Well Name	GPM
_____	_____
_____	_____
_____	_____
_____	_____

2. Please describe the operation of the wells. Are they pumped simultaneously or alternately?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Are the wells listed above all in the same aquifer?  Yes  No  
-- If no, please describe

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What is the proposed rate of pumping for the new well? \_\_\_\_\_

5. Will the new well be pumped simultaneously with the existing wells?  Yes  No

6. Will the new well be located in the same aquifer as any of the existing wells?  Yes  No

## PART THREE – FACILITY DESCRIPTION

Ohio EPA will use the information on this page to determine what type of population your facility will serve, to estimate how much water your facility will need, and to determine the isolation radius for your well.

### SCHOOL/DAY CARE\*

No. of employees \_\_\_\_\_  
 Avg. no. employees/day \_\_\_\_\_  
 Max. enrollment \_\_\_\_\_  
 No. Days Open/Wk. \_\_\_\_\_  
 Kitchen Y N

### CHURCH/SYNAGOGUE/MOSQUE\*

No. of employees \_\_\_\_\_  
 Avg. no. of employees/day \_\_\_\_\_  
 Seating capacity \_\_\_\_\_  
 Other functions during the week Y N  
**If yes, describe:** \_\_\_\_\_  
 Kitchen use during the week Y N

\*For churches and schools that also function as day care centers, provide information for both the day care center and the church/school.

### RESTAURANT/TAVERN

Hrs. of operation \_\_\_\_\_  
 No. of employees \_\_\_\_\_  
 Avg. no. employees/day \_\_\_\_\_  
 No. of employees working 4 days/wk \_\_\_\_\_  
 Seating Capacity \_\_\_\_\_  
 Avg. no. of customers/day \_\_\_\_\_

### RETAIL/COMMERCIAL/INDUSTRIAL

*(Circle One)*

Hrs. of operation \_\_\_\_\_  
 No. of employees \_\_\_\_\_  
 No. of employees working 4 days/wk \_\_\_\_\_  
 Food Service Y N  
 Shopping Center Y N  
 Showers Y N

### NURSING HOME/HOSPITAL/INSTITUTION

Max. No. of Beds \_\_\_\_\_  
 No. of employees \_\_\_\_\_  
     Resident \_\_\_\_\_  
     Non-Resident \_\_\_\_\_  
 Avg. No. Employees/Day \_\_\_\_\_

### CLUBS/MEETING HALLS

Max. Occupancy \_\_\_\_\_  
 Food Service Y N  
 No. Days/Yr Operating \_\_\_\_\_

### CAMPGROUNDS/VACATION COTTAGES

Length of. Season \_\_\_\_\_  
 Max. No. of Units \_\_\_\_\_  
     trailer/tent spaces \_\_\_\_\_  
     persons (cottages) \_\_\_\_\_  
 Describe any additional amenities:

### MOBILE HOME PARKS

No. of spaces/lots \_\_\_\_\_

### ALLOTMENT/SUBDIVISION

No. of Single-Family Homes \_\_\_\_\_  
 No. of Multi-Family Homes \_\_\_\_\_

### APARTMENT COMPLEX

No. of one-unit apts \_\_\_\_\_  
 No. of two-unit apts \_\_\_\_\_  
 No. of three-unit apts \_\_\_\_\_

### OTHER (Describe Facility)

\_\_\_\_\_  
 Hrs of operation \_\_\_\_\_  
 No of visitors/customers \_\_\_\_\_  
 No. of employees \_\_\_\_\_  
 Avg no. employees/day \_\_\_\_\_  
 No. of employees working 4 days/wk \_\_\_\_\_  
 Seating capacity/service connections, etc: \_\_\_\_\_

## PART FOUR – SITE MAP & DRAWINGS WORKSHEET

### A. Site Map

*A site map should be provided in all cases. Without it, Ohio EPA will consider the application incomplete and will contact you to complete this information.*

*All site maps should be to scale, including a **north arrow and the scale used**, and show all of the features listed below that exist within **400 feet** of where you intend to drill your well(s). Possible sources for maps include tax maps, plat maps, and county maps.*

Indicate the proposed location of your **well(s)** as accurately as possible. If any other wells exist on your property, show their locations and label them as “currently in use” or “not in use.”

1. Property lines.
2. Location of any easements needed for access to well(s).
3. Existing or proposed water bodies (streams, ponds, waterways or ditches).
4. Roads and railroads.
5. Buildings.
6. Potential contaminant sources. These include, but are not limited to:
  - a. wastewater treatment systems and septic tanks, including their discharge locations
  - b. oil and gas production wells (active or capped)
  - c. mining operations
  - d. waste or product storage tanks (above or below ground)
  - e. landfills, old or new refuse disposal areas and demolition fill areas
  - f. pipe lines (sewer mains, gas mains, oil mains, etc.)
  - g. manufacturing facilities
  - h. fields subject to application of manure, treated wastewater, pesticides or fertilizer

### B. Other Drawings

If you already have **drawings, blueprints, or other maps** of your facility, particularly those showing how water will be used within the building and where pressure tanks, softeners, and other treatment units will be placed, please include one copy of those drawings with this application. Such drawings are *not* required at this time, but will be required as part of the detail plan package you will need to submit and have approved after the well has been drilled.

Return completed application, site map, and other drawings (if applicable) to Ohio EPA – Division of Drinking and Ground Waters at your local District Office:

**Northwest District Office**  
347 North Dunbridge Road  
Bowling Green, Ohio 43402-9398  
(419) 354-8461

**Central District Office**  
P.O. Box 1049  
Columbus, Ohio 43216-1049  
(614) 728-3778

**Northeast District Office**  
2110 East Aurora Road  
Twinsburg, Ohio 44087  
(330) 963-1200



**Southwest District Office**  
401 East Fifth Street  
Dayton, Ohio 45402  
(937) 285-6357

**Southeast District Office**  
2195 Front Street  
Logan, Ohio 43138  
(740) 385-8501