



RE: [PWS name]
Plan
Application and Support
Plan Classification: Well Site Approval
Drinking Water Program
[County name] County
PWS ID: [OH1234567]
Package Number: (Rev ID)

NEW PUBLIC WATER SYSTEM/WELL APPLICATION PACKAGE

PWS-0903-PR_AP1

(Appendix B of PWS-0903-PR)

NEW PUBLIC WATER SYSTEM/WELL APPLICATION PACKAGE: PART 1 - CONTACT INFORMATION

Fill out all applicable sections as appropriate:									
Property Owner (PO) (Legal owner as described by the County Auditor)									
Name					Primary Phone				
Street				City				State	Zip
Email									
Business Owner (OW) and Financial Contact (FC) (Individual responsible for water system through lease or other written agreement, if different from property owner.)									
Name					Primary Phone				
Street				City				State	Zip
Emergency Phone				Email					
Administrative Contact (AC) (Individual responsible for ensuring water system compliance.)									
Name					Primary Phone				
Street				City				State	Zip
Emergency Phone				Email					
Operating Organization (LE) (Organization/individual responsible for operation and/or sampling, if different from owner)									
Org. Name					Office Phone				
Street				City				State	Zip
Email									
Water Treatment Plant (WTP) (Physical Address)									
PWS Name									
WTP Name				PWS ID, if available	OH				
Street				City				State	Zip
County									
Applicant (Person completing this application)									
Name				Title					
Street				City				State	Zip
Primary Phone				Emergency Phone					
Email									
OHIO EPA USE ONLY									
Primary Service Area	Day Care Center Subdivision Industrial/Agricultural Highway Rest Area Institution Hotel/Motel Medical Facility			Other Non-Transient Area Recreation Area Other Transient Area Restaurant Interstate Carrier Retail Employees Other Area			School Service Station Homeowners Association Summer Camp Mobile Home Park Municipality Other Residential Area		
	Well FAC ID				PWS ID	OH		TP ID	
Source Type	GW / GWP / SW / SWP						Minimal Treatment	Y / N	

NEW PUBLIC WATER SYSTEM/WELL APPLICATION PACKAGE: PART 2 - PUBLIC WATER SYSTEM (PWS) INFORMATION

1. Is this an existing public water system? Y N If yes, PWS ID: _____
If yes, name of supplier: _____
2. Is your facility connected to a drinking water supplier (city, village, other water system)? Y N of supplier: _____
3. Is your facility served by a potable well? Y N If yes, how many potable wells are located on site? _____
4. Are additional wells under consideration for the future? Y N If yes, when? _____
5. Are multiple wells already in use at the site? Y N If yes, complete "Existing Well Information" table below.
6. The well will be used for (Check all that apply):
 Drinking Cooking Dishwashing Hand Washing Bathing/Showering Soda Fountain Coffee Ice Oral hygiene
7. This facility has its own (Check all that apply): Well(s) Cistern Spring Lake/Pond Other:
8. Does this facility plan to sell and/or treat water? Y N If yes, do you currently intend to submeter or resell water? Y N
9. Will this well increase the withdrawal of groundwater? Y N If yes for a new system, include an outline of your proposed Asset Management Program with the submission of this application by completing Part 3. If yes for an existing system, revise your asset management program as necessary to include the new well and submit the revised pages.
10. Are other sources of water available, including a regional water system to tie into? Y N If yes, complete Part 3.
12. Will the well result in new or increased consumption of more than two million gallons per day?
 Y Proceed to question 12a. below.
 N Proceed to question 13 below.
- a. Was the public water system in operation on June 29, 1988 and no substantial changes in design capacity are proposed?
 Y Your facility is required to apply for a permit through the Ohio Department of Natural Resources (ODNR), Water Resources Division (WRD), in accordance with ORC Section 1521.23. Submit to Ohio EPA a copy of any certification, continuing monitoring, or other data or reports required by the chief of the ODNR WRD pursuant to a permit issued under either ORC Section 1521.29 or 1522.12 and any revised ground water model required by the chief.
 N Proceed to question 12b. below.

b. Do the proposed changes include only water distribution facilities?

- Y
 N

Proceed to question 13 below.

Your facility is required to apply for a permit through the Ohio Department of Natural Resources (ODNR), Water Resources Division (WRD), in accordance with ORC Section 1521.23. Submit to Ohio EPA a copy of any certification, continuing monitoring, or other data or reports required by the chief of the ODNR WRD pursuant to a permit issued under either ORC Section 1521.29 or 1522.12 and any revised ground water model required by the chief.

13. Is the total capacity of the proposed well greater than 100,000 gallons per day (70 gallons/minute)?

- Y N

If yes, applicant shall submit to the Ohio EPA a general plan for approval and verification of registration with ODNR's WWFR Program, pursuant to ORC Section 1521.16.

Section 1521.16 of the Ohio Revised Code requires any facility with the capacity to withdraw 100,000 or more gallons per day to register with the ODNR's Water Withdrawal Facilities Registration (WWFR) Program.

PROPOSED WELL INFORMATION

Have the well driller complete the proposed well information below. For public water systems with existing wells, provide available information in the "Existing Well Information" table below.

Well Name (e.g., Well 1)	Pump design rate (GPM)	Proposed Casing/ Well Depth	Casing Material (PVC or Steel)	Drilling Method (Rotary, Cable Tool, Other)	Aquifer Type (e.g., Sand and Gravel, Limestone, Shale)	If More Than 1 Well, Pumping Simultaneously or Alternately?	Well Screen?	Replacement for Existing Well?
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
							<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

EXISTING WELL INFORMATION

Complete the table below for the existing wells on the property, including non-potable wells. Attach map and well data from the source water assessment to this application, if available.

If there are multiple wells, are the wells pumped simultaneously or alternately?

- Simultaneously Alternately

Are the existing wells all in the same aquifer?

- Y N

(if there are more than three existing wells, provide attachment):

Well Name (e.g., N. Well, Well 1)	Pump design rate (GPM)	Casing Depth/ Well Depth	Screened Interval or Open Hole Length	Aquifer Type (e.g., Sand and Gravel, Limestone, Shale)	ODNR Well Log Number	Usage (potable, non-potable, other)

NEW PWS/WELL APPLICATION PACKAGE: PART 3 - FACILITY DESCRIPTION AND PWS EVALUATION

Ohio EPA will use the information on this page to determine whether the facility meets the requirements to be regulated as a public water system under the ORC 6109 and rules adopted thereunder. Ohio EPA will also use the 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. Complete the appropriate box(es) below based on your facility type. Complete "Other" if your facility type is not listed elsewhere.

SCHOOL/DAYCARE*	
Total number of employees	
Average number employees per day	
Maximum enrollment	
Number of days staffed per week	
Kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N

*Note: For religious institutions and schools that also function as day care centers, provide information for both functions.

RELIGIOUS INSTITUTION*	
Total number of employees	
Average number of employees per day	
Seating capacity	
Number of days staffed per week	
No. of Parishioners that attend services	
Kitchen	<input type="checkbox"/> Y <input type="checkbox"/> N
Other functions during the week	<input type="checkbox"/> Y <input type="checkbox"/> N
If yes, describe:	

RESTAURANT/ TAVERN	
Hours/day & days/year of operation	/
Total number of employees	
Average number employees per day	
No. employees working 4 days per week	
Seating capacity	
Average number of customers per day	

NURSING HOME/HOSPITAL/INSTITUTION	
Maximum number of beds	
Total number of employees	
Average number of employees per day	
No. employees working 4 days per week	
Resident employees	
Non-resident employees	

RETAIL/INDUSTRIAL/COMMERCIAL (circle one)	
Hours of operation	
Total number of employees	
No. employees working 4 days per week	
Average number customers per day	
Food Service	<input type="checkbox"/> Y <input type="checkbox"/> N
Shopping Center	<input type="checkbox"/> Y <input type="checkbox"/> N
Showers	<input type="checkbox"/> Y <input type="checkbox"/> N

MULTI FAMILY DWELLINGS (APARTMENT, CONDO)	
Number of one-bedroom units	
Number of two-bedroom units	
Number of three-bedroom units	

ALLOTMENT/SUBDIVISION	
Number of single-family homes	
Number of multi-family homes	

CAMPGROUNDS/VACATION COTTAGES	
Seasonal start date	
Seasonal end date	
Number of year-round occupants	
Maximum number of units	
Number of units with water and sewer	
Number of units with water only	
Number of units without water	
Number of shower and bathhouses	
Water line usage in off season: <input type="checkbox"/> Partially drained <input type="checkbox"/> Fully drained <input type="checkbox"/> Keep pressurized	
Describe additional amenities supplied with water:	

MOBILE HOME PARK	
Number of spaces or lots	

OTHER	
Hours of operation	
Total number of employees	
Average number of employees per day	
No. employees working 4 days per week	
Average no. visitors/customers per day	
Seating capacity	
Number of service connections	
Number of days open to the public	
Seasonal start date (if applicable)	
Seasonal end date (if applicable)	
Describe facility:	

CLUB/MEETING HALL	
Maximum occupancy	
Number of operating days per year	
Food Service	<input type="checkbox"/> Y <input type="checkbox"/> N

NEW PUBLIC WATER SYSTEM/WELL APPLICATION PACKAGE: PART 3 – ALTERNATIVES AND ASSET MANAGEMENT INFORMATION

For a new public water system or an existing public water system that proposes an increase in the withdrawal of groundwater:

Provide a summary of potential alternatives for the provision of drinking water that have been considered, including the potential for tie-in to a regional water system, and why these alternatives were not pursued (as an attachment as needed).

Your public water system is required to have an asset management program. The contents of an asset management program are outlined in OAC Chapter 3745-87. Prior to detailed plan approval, the public water system must submit one of the following:

- i. An outline describing what the asset management program will entail prior to operation, or
- ii. An acceptable written description of the asset management program, or
- iii. An acceptable written completed asset management program

Once in operation your public water must have a written asset management program in place and the program must be reviewed annually and updated as necessary.

Will your public water system include the sections outlined in OAC 3745-87 in your asset management program outline, written description or completed plan, as applicable?

Y N

To assist with completing your asset management program, templates are available online at: <https://epa.ohio.gov/ddagw/pws/assetmanagement>

NEW PWS/WELL APPLICATION PACKAGE: PART 5 - WELL DRILLER ACKNOWLEDGEMENT

If this application is for a proposed new well, a well driller acknowledgement is required.

If this application is for an existing well that has already been drilled, a well driller acknowledgement is not required.

I acknowledge I hold a valid registration with the Ohio Department of Health, as required by Chapter 3701-28 of the Ohio Administrative Code, to drill or construct a public water system well and install a pitless adapter or pitless unit into the casing of a public water system well in accordance with OAC Rule 3745-9-02.

I acknowledge that in accordance with OAC Rule 3745-9-07, prior acceptance by the Director is required if the dry driven grouting method will be used for a public water system well. Well construction using cable tool, hammer-driven casing or any other method where the permanent casing is driven, and where temporary outer casing or an oversized borehole is not used, must include a collar, flared joint or weld bead extending beyond the outside diameter of the permanent casing and dry granular bentonite shall be poured around the permanent casing as it is being driven. Dry driven grouting may only be used where the well will be installed through thick deposits of low permeability, clayey glacial till or where other low permeable materials overlie the aquifer and the well site is not located in an area of microbiological or chemical contamination.

Well Driller

Name	Title	Signature	Date
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Company Name	Ohio Department of Health Registration Number
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PUBLIC WATER SYSTEM ACKNOWLEDGMENT

By signing this application, you are acknowledging that you are operating or intend to operate a public water system as defined by Ohio Revised Code (ORC) Section 6109.01 and OAC Rule 3745-81-01 and are subject to ORC Chapter 6109 and all rules promulgated thereunder.

PWS Name:

PWS ID (if available):

PWS Owner

Name	Title	Signature	Date
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Applicant (If different from owner)

Name	Title	Signature	Date
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