

# SPECIALTY WELL APPLICATION

**Maine Well Drillers Commission  
Department of Health and Human Services  
Division of Environmental Health  
#11 State House Station  
286 Water Street, 3rd Floor  
Augusta, Maine 04333-0011  
(207) 287-5699 Fax (207) 287-4172 TDD (207) 287-5550**

NOTICE: By completing this application for a Specialty Well the property owner acknowledges the following:  
**The property owner must initial each bullet to indicate that it has been read and understood**

- \_\_\_ Well construction which requires approved waivers may increase the risk of contamination. A contaminated well can act as a conduit for contamination into an aquifer which threatens other wells in the vicinity.
- \_\_\_ An approved Specialty Well *cannot be drilled* until a Well Variance Deed Covenant has been recorded at the appropriate Registry of Deeds and a copy of the recorded book and page number of the county in which the well is to be drilled is returned to the well driller and forwarded to the Maine Well Drillers Commission.
- \_\_\_ Additional well construction requirements may be included as conditions of approval in order to reduce the risk of contamination. Construction requirements may include the installation of additional casing or liner and seals. *For drinking water and open loop geothermal wells proposed less than 40 feet from a leach field the conditions shall include drilling the well large enough to accommodate proper pressure grouting the outside of the casing, usually a hole with a ten (10) inch diameter will be required, casing extended to at least 120 feet, and continuous pressure grouting from bottom to top with a grout identified by the manufacturer as suitable for sealing a well.*
- \_\_\_ The Commission may require that its independent inspector be present during the construction of Specialty Wells.
- \_\_\_ The owner, by signing this application, authorizes the Maine Well Drillers Commission to inspect the well for compliance with the conditions of approval.
- \_\_\_ The owner and well driller, by signing this application, certify that no other reasonable alternative location for a well with greater setback distances exists on this site and the owner absolves the well driller, pump installer, Municipality and the State of Maine from any liability should the requested variance be inadequate to protect the public health, safety and general welfare.
- \_\_\_ If a Specialty Well becomes contaminated it shall be the responsibility of the owner to have the well properly abandoned by a licensed well driller.

I hereby certify that, to my knowledge, the information on this form and attachments is true, complete and accurate. **Maine law makes it illegal for persons applying for a Department approval to make false statements upon 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 offence punishable by up to 364 days incarceration, a fine of up to \$2,000, or both.**

\_\_\_\_\_  
Signature(s) of Well Owner(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Well Driller

\_\_\_\_\_  
License #

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Date Denied

\_\_\_\_\_  
WDC Commission Chair

# SPECIALTY WELL APPLICATION

## Owner Information

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Town Zip Code

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Well Driller Information

Driller Name: \_\_\_\_\_ License Number: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Town Zip Code

Phone Number: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## Project Description

Address: \_\_\_\_\_  
(new well location if different from mailing address) Town Zip Code

Reason for Specialty Well Request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Well Type: Drinking Water \_\_\_\_\_ Open Loop Geoexchange \_\_\_\_\_ Closed Loop Geoexchange \_\_\_\_\_

Setback Distances: From Onsite Leach Field: \_\_\_\_\_ ft. From Onsite Tank(s): \_\_\_\_\_ ft.

From 1st Neighbor's Leach Field: \_\_\_\_\_ ft. From Neighbor's Tank(s): \_\_\_\_\_ ft.

From 2nd Neighbor's Leach Field: \_\_\_\_\_ ft. From Neighbor's Tank(s): \_\_\_\_\_ ft.

(For Geothermal) From Onsite Well: \_\_\_\_\_ ft. From Neighbor's Well: \_\_\_\_\_ ft.

*Other: For example - setbacks to gas stations, \_\_\_\_\_ ft. Desc. \_\_\_\_\_*  
*landfills, heating oil tanks, body shops and manure \_\_\_\_\_ ft. Desc. \_\_\_\_\_*  
*piles for proposed drinking water/open loop geo- \_\_\_\_\_ ft. Desc. \_\_\_\_\_*  
*exchange wells, and setbacks to drinking water \_\_\_\_\_ ft. Desc. \_\_\_\_\_*  
*wells for all proposed geo-exchange wells.*

Well Construction Information: Casing or Liner Seal Depth Proposed/Required: \_\_\_\_\_ ft. Below Grade

Is Grouting Proposed or Required?: Yes \_\_\_\_\_ No \_\_\_\_\_

# SPECIALTY WELL APPLICATION

Please complete a site plan for this application. The site plan should be to scale and must identify all of the septic system components and drinking water wells, both onsite and on neighboring properties, within 100 feet of the proposed well location. Also include structures, general ground slope, water bodies and any other potential sources of contamination within 100 feet of the well. If required, attach additional information separately.

Scale: 1 square = \_\_\_\_\_ feet

A large grid for drawing a site plan. The grid consists of 20 columns and 20 rows of squares, providing a scale for the site plan.