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| --- |
| **environmental complaints and local services division** |
|  | APPLICATION FOR |  |  |  |
|  | A MINOR PUBLIC WATER SUPPLY SYSTEM |  | Facility ID No. |       |
|  |  | Date Rec’d |       |
|  |
| ***Select One:*** | **[ ]  NEW PROPOSED WELL** | **[ ]  EXISTING WELL IN USE PRIOR TO 6/1/2011** | **[ ]  EXISTING WELL IN USE ON OR AFTER 6/1/2011** |
| **I. APPLICANT’S INFORMATION *(Please Print or Type)*** |
|       |   |       |  |       |  |       |
| First Name |  | Last or Business Name |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |       |  |       |
| Mailing Address |  | City |  | State |  | Zip |
|  |
| **II. PROPERTY OWNER’S INFORMATION** (Complete this section if the Applicant DOES NOT own the property where the well is or will be located.) |
|       |  |       |  |       |  |       |
| First Name |  | Last or Business Name |  | Daytime Phone No. |  | Alternate Phone No. |
|       |  |       |  |       |  |       |
| Mailing Address |  | City |  | State |  | Zip |
|  |
| **III. FACILITY INFORMATION** |
| **NOTE:** | *A minor water system CANNOT have more than 14 service connections used by year-round residents AND CANNOT serve more than 24 people on a year-round basis OR 24 or more people more than 60 days a year.* |  |
|       |  |       |  |       |  |       |  |       |
| Facility Name |  | Facility Address |  | City |  | Zip |  | County |
|       |  |       |  |       |  |       |
| Type of Facility (i.e. campground, convenience store, mobile home park, etc.) |  | # of Persons Served |  | # of Days Per Year Water Served to the Public |  | # of Service Connections |
|       |  |       |  |       |  |       |  |       |
| Treatment Type (if applicable) |  | Well Type |  | Storage Type |  | Storage Size |  | Distribution Line Type |
|       |  | [ ]  Off-Site Public Sewer System | [ ]  On-site Sewage Treatment System |
| Daily Design or Current Flow in Gallons Per Day |  | Type of Sewer System Serving Facility |
|  |
| **IV. WELL NAME and LOCATION** |
|       |  |       |  |       |  |
| Well #1 Name or Description |  | Latitude (decimal) |  | Longitude (decimal) |  |
|       |  |       |  |       |  |
| Well #2 Name or Description |  | Latitude (decimal) |  | Longitude (decimal) |  |
|       |  |       |  |       |  |
| Well #3 Name or Description |  | Latitude (decimal) |  | Longitude (decimal) |  |
|  |
| **V. REQUIRED ATTACHMENTS** |
| [ ]  | **SITE DRAWING.**  The site drawing needs to identify the location of: (a) property lines, (b) the proposed or existing well or intake site, (c) any 100-year flood plains within ¼ mile of the proposed or existing well, and (d) all potential sources of pollution (including roads, homes, buildings, water wells, and surface wells) within 300 feet of the proposed or existing well or intake site. |
| [ ]  | **PLANS.**  If the applicant is proposing anything other than what is required in the rules, then the applicant must submit engineering plans to the Water Quality Division of the DEQ and obtain an individual permit. (Generic plans can be found in Appendix A of Oklahoma Administrative Rules 252:624.) **(PROPOSED WELLS ONLY)** |
| [ ]  | **SYSTEM COMPONENTS:** A description of well type, distribution lines, storage and any treatment processes such as chlorination, softening, filtration, etc **(EXISTING WELLS ONLY)** |
| [ ]  | **WELLHEAD PROTECTION CHECKLIST--DEQ FORM 624-002.**  **(GROUNDWATER SUPPLIES ONLY)** |
|  |
| **VI. APPLICANT’S AFFIDAVIT** |
|  | By signing this application, I, |       | , certify that: |
|  |  | Name of Applicant |  |
|  |  | For proposed wells, the minor water system will be constructed or modified in accordance with the attached plans; |
|  |  | All parts of the minor water system are or will be located on property that I own or that is dedicated to me for the purpose of operating a minor public water supply; and |
|  |  | All of the information contained herein is factual, accurate and truthful to the best of my knowledge. |
|  |
|  |  |  |       |  |
|  | Applicant’s Signature |  | Date |  |
| **VII. DEQ USE ONLY** |
|  | *I have reviewed this application and all attachments. Based on my inspection of the facility and the information contained in the application, all issues affecting permit decisions have been identified.* |  |
|  |  |       |  |       |
| Environmental Specialist Signature |  | Employee ID # |  | Date |
| **VIII. PAYMENT INFORMATION** |
|  |
| **Mail to:** | **Oklahoma Department of Environmental Quality****Administrative Services – Account Receivable****PO Box 2036****Oklahoma City, OK 73101-2036** | **For Assistance:** (405) 702-6100 | **New MWS Authorization Fee:**  | *101001* | **$268.11**  |
|  |  |  |  |  |
|  |  | **Fax to:** (405) 702-7120 |  |  |
|  |  |  | **Total Paid:** |  |
|  |  |  |  |  |



|  |  |  |
| --- | --- | --- |
| [ ]  Check made payable to DEQ | [ ]  Money Order made payable to DEQ  | [ ]  Credit Card (Visa or MasterCard ONLY) |
| Name on Card: |       | Signature of Authorized User: |  |
| Card Type: | [ ]  Visa | [ ]  MasterCard | Expiration Date: |    | / |      |  |
| Card Number: |   |  |   |  |   |  |   | - |   |  |   |  |   |  |   | - |   |  |   |  |   |  |   | - |   |  |   |  |   |  |   |  |