



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality

P.O. Box 501304 C.K., Saipan, MP 96950-1304
Tels.: (670)664-8500/01
Fax: (670)664-8540



APPLICATION FOR WELL OPERATIONS PERMIT

NO WELL MAY BE OPERATED UNLESS THE OWNER OF THE WELL (TO BE KNOWN
HEREINAFTER AS "THE APPLICANT") HAS FIRST OBTAINED A WELL OPERATIONS PERMIT

TO YOU THE APPLICANT:

If you wish to operate a well or withdraw groundwater, you must first obtain a WELL OPERATIONS PERMIT from the office of Division of Environmental Quality (DEQ). DEQ has been given the legislative authority to institute this well operations permit process through Public Law 6-12, the Groundwater Management and Protection Act of 1988. In order to obtain a WELL OPERATIONS PERMIT, you must complete a WELL OPERATIONS PERMIT APPLICATION, and submit it to the Safe Drinking Water Branch (SDWB) of DEQ.

Before completing this application, you should be familiar with the provisions of the WELL DRILLING AND WELL OPERATIONS REGULATIONS. If you do not have a copy of the regulations, you may obtain a copy at the office of DEQ. If you need assistance in completing this application, DEQ staff will be pleased to offer you the help you need.

For applicants seeking a new wells permit, complete ALL sections of this application. For applicants seeking to renew operations permit for in-service wells, complete ONLY Section 1, Section 7, and Form 5.2 and pay the appropriate renewal fee.

You will be sent a notice within ten (10) calendar days of submitting your application, stating whether or not the SDWB finds the application complete. The SDWB will review and act on your application within twenty (20) calendar days of determining that the application is complete.

When you submit your application, you must include the appropriate application renewal fee. No permit application will be accepted without receipt of the correct application fee. The application fee is not refundable. The fee is based upon the amount of water you are permitted to withdraw from the ground. See Section 11 and Section 12 of the WELL DRILLING AND WELL OPERATIONS REGULATIONS to determine your correct application fee.

If you should have any questions regarding this application, or the requirements of the well operations permit process, please contact Joe Kaipat, SDWB Manager of DEQ at phone number shown above.



Commonwealth of the Northern Mariana Islands
OFFICE OF THE GOVERNOR
Division of Environmental Quality
P.O. Box 501304 C.K., Saipan, MP 96950-1304
Tels.: (670)664-8500/01
Fax: (670)664-8540



WELL OPERATIONS PERMIT APPLICATION

| FOR DEQ USE ONLY | |
|------------------|--|
| APPLICATION NO.: | |
| DATE RECEIVED: | |
| RECIPT NO.: | |
| RECEIVED BY: | |

(please type or print clearly)

SECTION 1 APPLICANT INFORMATION

- 1.1 Name: _____
- 1.2 Mailing Address: _____

- 1.3 Telephone No.: _____ Fax No.: _____
- 1.4 Application Submission Date: _____
- 1.5 Type of Application New
- 1.6 Exploratory Well Drilling Permit Application No.: _____

SECTION 2 WELL INFORMATION

- 2.1 If any aspect of any well(s) covered under this application differ from the information provided in the Well Drilling Permit Application, you must list all these differences below. Key aspect include Well location(s), intended use of Well, population served, and type of Well.

Note: If you propose to operate an underground injection well, you must follow the requirements set forth in the UNDERGROUND INJECTION CONTROL REGULATIONS, a copy of which is available at the office of DEQ.

- 2.2 Provide as-built construction details of each well. Complete Form 2.2 (As-Constructed Well Profile) for each well covered under this application.

SECTION 3 WELL DRILLING INFORMATION

- 3.1 Complete Form 3.1 (Lithologic Logging) for each Well.

SECTION 4 PUMP TESTING INFORMATION

- 4.1 Complete Form 4.1 (Pump test data sheet) for each Well.

SECTION 5 WATER QUALITY DATA SUBMISSION

5.1 Complete Form 5.1 (Water quality data sheet) for each Well.

5.2 Do you intend to utilize a form of water treatment?

Reverse Osmosis

ION Exchange

Other

None

5.3 If you need to employ water treatment, you must:

- Submit a Water Treatment Waste Stream Disposal Plan.
- Submit Treatment Process Specifications, Design Basis, and Chemical Usage Data

SECTION 6 WELL WITHDRAWAL

6.1 Requested maximum monthly withdrawal and pump data, by Well:

| | Gal per/month | Pump HP | Expected Well Head Operating Pressure | Estimated Pump Discharge Cap. |
|--------|---------------|----------------------------|--|----------------------------------|
| Well 1 | _____ | _____ | _____ PSI | _____ GPM |
| Well 2 | _____ | _____ | _____ PSI | _____ GPM |
| Well 3 | _____ | _____ | _____ PSI | _____ GPM |
| Well 4 | _____ | _____ | _____ PSI | _____ GPM |
| Total: | _____ | Gals per/month withdrawal: | | _____ GPM |

SECTION 7 APPLICANT ACKNOWLEDGMENT AND SIGNATURE

Before this application can be processed, you, the applicant, must attest to the following:

I, _____ (print), as applicant for this well operations permit, hereby state that I have knowledge of the facts herein set that the same are true and correct to the best of my knowledge and belief, and are made in good faith. I have read the provisions and requirements set forth in the Well Drilling and Well Operations Regulations pertaining to water quality reporting requirements and water production record keeping, and understanding them and their importance to the proper management and protection of the groundwater resources of the CNMI. I understand that compliance with the above requirements is a general condition for all well operations permits, and that annual renewal of the permit is not possible without submission of water quality and metered water production data.

SIGNATURE: _____
Applicant

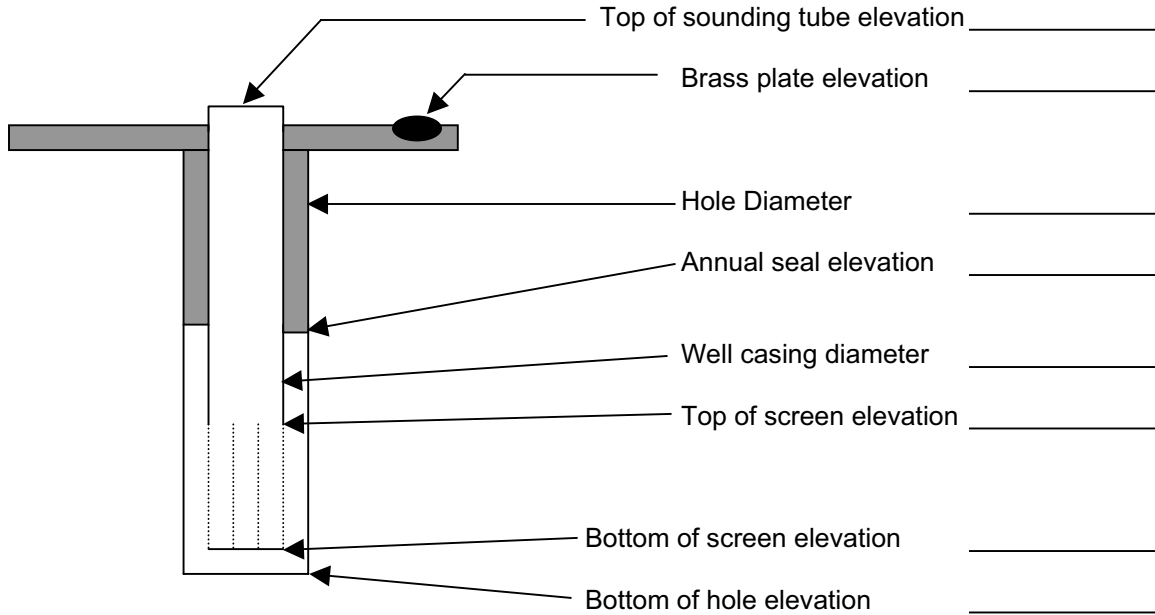
Date

FORM 2.1

AS-CONSTRUCTED Well Profile – Well Number _____

Date of last construction _____

Complete one for each Well included in this application



Additional Construction Information:

1. Well Screen Type: _____ Manufacturer: _____
 Screen Diameter: _____ Material: _____

2. Annual Seal Material: _____ Annular Thickness: _____

3. Well Head Facilities:
 Flow Meter Size: _____ in. Manufacturer: _____
 Model No.: _____ in. Material: _____
 Sounding Tube Diam.: _____ in. Material: _____

4. Check the following if they are part of the well head design:

| | |
|---|--|
| <input type="checkbox"/> Chlorination Facility | <input type="checkbox"/> Concrete Pedestal |
| <input type="checkbox"/> Gate Valve | <input type="checkbox"/> Check Valve |
| <input type="checkbox"/> Sampling Tap | <input type="checkbox"/> Pressure Gauge |
| <input type="checkbox"/> Well Casing Air Ven (screened) | |

5. Method of Drilling: _____

6. Development Method: _____

**FORM 4.1
PUMP TEST DATA SHEET**

| | | | | | | |
|------------------------------|-------------|-----------|---------------------|----------------------------|--------------|----------------|
| Drilling Company: | | | | | Well No.: | |
| Size and Type of Casing: | | | | | Sheet 1 of | |
| Flow Meter Size and Type: | | | | | Measured by: | |
| Depth Sounding Equipment: | | | | | | |
| Measuring Point Description: | | | | | | |
| Open Hole/Casing From | | To | | Depth Test Pumping Setting | | FT. |
| Date | Time Of Day | Test Time | Depth of Water, FT. | Drawdown FT. | Flow GPM | Remarks |
| | | Start | | | | Take Sample #1 |
| | | 1 Min. | | | | |
| | | 2 Min. | | | | |
| | | 3 Min. | | | | |
| | | 4 Min. | | | | |
| | | 5 Min. | | | | |
| | | 6 Min. | | | | |
| | | 7 Min. | | | | |
| | | 8 Min. | | | | |
| | | 9 Min. | | | | |
| | | 10 Min. | | | | |
| | | 12 Min. | | | | |
| | | 14 Min. | | | | |
| | | 16 Min. | | | | |
| | | 18 Min. | | | | |
| | | 20 Min. | | | | |
| | | 22 Min. | | | | |
| | | 24 Min. | | | | |
| | | 26 Min. | | | | |
| | | 28 Min. | | | | |
| | | 30 Min. | | | | |
| | | 40 Min. | | | | |
| | | 50 Min. | | | | |
| | | 1 Hour | | | | |

Well No.: _____ Test Supervised by: _____

Sheet 2 of _____

| Date | Time Of Day | Test Time | Depth of Water, FT. | Drawdown FT. | Flow GPM | Remarks |
|------|-------------|-----------|---------------------|--------------|----------|----------------|
| | | 1H 30M | | | | |
| | | 2:00 | | | | Take Sample #2 |
| | | 2:30 | | | | |
| | | 3:00 | | | | |
| | | 3:30 | | | | |
| | | 4:00 | | | | Take Sample #3 |
| | | 4:30 | | | | |
| | | 5:00 | | | | |
| | | 5:30 | | | | |
| | | 6:00 | | | | Take Sample #4 |
| | | 6:30 | | | | |
| | | 7:00 | | | | |
| | | 7:30 | | | | |
| | | 8:00 | | | | Take Sample #5 |
| | | 9:00 | | | | |
| | | 10:00 | | | | |
| | | 11:00 | | | | |
| | | 12:00 | | | | Take Sample #6 |
| | | 13:00 | | | | |
| | | 14:00 | | | | |
| | | 15:00 | | | | |
| | | 16:00 | | | | Take Sample #7 |
| | | 17:00 | | | | |
| | | 18:00 | | | | |
| | | 19:00 | | | | |
| | | 20:00 | | | | |
| | | 21:00 | | | | |
| | | 22:00 | | | | |
| | | 23:00 | | | | |
| | | 24:00 | | | | Take Sample #8 |

COMPLETE ONLY IF WELL SERVES 25 PEOPLE OR MORE

Well No.: _____ Test Supervised by: _____

Sheet 3 of _____

| Date | Time Of Day | Test Time | Depth of Water, FT. | Drawdown FT. | Flow GPM | Remarks |
|------|-------------|-----------|---------------------|--------------|----------|-----------------|
| | | 26:00 | | | | |
| | | 28:00 | | | | |
| | | 30:00 | | | | Take Sample #9 |
| | | 32:00 | | | | |
| | | 34:00 | | | | |
| | | 36:00 | | | | Take Sample #10 |
| | | | Recovery | Test | | |
| | | 1 Min. | | | | |
| | | 2 Min. | | | | |
| | | 3 Min. | | | | |
| | | 4 Min. | | | | |
| | | 5 Min. | | | | |
| | | 6 Min. | | | | |
| | | 7 Min. | | | | |
| | | 8 Min. | | | | |
| | | 9 Min. | | | | |
| | | 10 Min. | | | | |
| | | 11 Min. | | | | |
| | | 12 Min. | | | | |
| | | 13 Min. | | | | |
| | | 14 Min. | | | | |
| | | 15 Min. | | | | |
| | | 16 Min. | | | | |
| | | 17 Min. | | | | |
| | | 18 Min. | | | | |
| | | 19 Min. | | | | |
| | | 20 Min. | | | | |
| | | 21 Min. | | | | |
| | | 22 Min. | | | | |
| | | 23 Min. | | | | |
| | | 24 Min. | | | | |

FORM 5.1

WATER QUALITY ANALYSIS

EXPLORATORY WELL DRILLING NO.: _____

LABORATORY: _____

DATE OF ANALYSIS: _____

| | HARDNESS | PH | CHLORIDE | CONDUCTIVITY | TDS | TOTAL COLIFORM |
|-----|----------|----|----------|--------------|-----|----------------|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |
| 5. | | | | | | |
| 6. | | | | | | |
| 7. | | | | | | |
| 8. | | | | | | |
| 9. | | | | | | |
| 10. | | | | | | |

FOR OFFICE USE ONLY

1. Well Operations Permit Application completeness check list

- Correct Fee Paid?
- Does total Well discharge capacity requirement differ from original Well. Drilling Permit? If, so, do application fees reflect the change? Yes No
- Application signed by applicant?
- 1 inch equals 100 feet and USGS maps included?
- Final water use estimates based on DEQ criteria?
- All water quality data submission requirements met?
- All as-built well construction details (Form 2.2) submitted?
- All Lithologic Well Logs (Form 3.1) submitted?
- All Pump Test Data (Form 4.1) submitted?
- Does raw Well water quality meet DEQ water quality standards (submit Form 5.1). If water does not meet standards, applicants must be notified that water treatment is required.
- Has applicant stated intention to utilize water treatment? If so, has the applicant submitted Waste Disposal Plan? Yes No
- Pump curve and pump manufacturer information submitted?

2. Well Inspection

Well facilities were inspected on _____ by _____ (initial)
(inspection required for permit renewal)

Check the following components installed and in operable condition:

- | | | |
|--|---|--|
| <input type="checkbox"/> Concrete Pedestal | <input type="checkbox"/> Pressure Gauge | <input type="checkbox"/> Sample Tap |
| <input type="checkbox"/> Gate Valve | <input type="checkbox"/> Check Valve | <input type="checkbox"/> Sounding Tube |
| <input type="checkbox"/> Flow Meter | <input type="checkbox"/> Well Casing Air Vent | |

Operating Gauge Pressure _____ PSI Operating Flow Rate _____ GPM

Other findings: _____

3. Decision by SDWB Manager:

Approved Permit Permit No.: _____ Date Issued: _____

Approved with Conditions (state conditions)

Disapproved Permit (state reasons)

4. Maximum monthly permitted withdrawal by Well:

Well No. 1: _____
Well No. 2: _____
Well No. 3: _____
Well No. 4: _____

SDWB Manager signature _____ Date: _____

DATA ENTRY FORM

1. Project Name: _____ Permit No.: _____

[] Check here if Sea Water Well(s)

2. Aquifer designation code: _____

3. Total Well discharge capacity requirement _____ GPM
Total maximum monthly permitted withdrawal (all wells) _____ GPM

4. Well Data:

Well No. 1 _____ Deg _____ Min _____ Sec Latitude Well Depth _____ FT.
_____ DEG _____ Min _____ Sec Longitude Screen Range _____ to _____ FT.

Production Capacity _____ GPM
Max monthly permitted withdrawal _____ GPM TOC Elev. _____

Well No. 2 _____ Deg _____ Min _____ Sec Latitude Well Depth _____ FT.
_____ DEG _____ Min _____ Sec Longitude Screen Range _____ to _____ FT.

Production Capacity _____ GPM
Max monthly permitted withdrawal _____ GPM TOC Elev. _____

Well No. 3 _____ Deg _____ Min _____ Sec Latitude Well Depth _____ FT.
_____ DEG _____ Min _____ Sec Longitude Screen Range _____ to _____ FT.

Production Capacity _____ GPM
Max monthly permitted withdrawal _____ GPM TOC Elev. _____

Well No. 4 _____ Deg _____ Min _____ Sec Latitude Well Depth _____ FT.
_____ DEG _____ Min _____ Sec Longitude Screen Range _____ to _____ FT.

Production Capacity _____ GPM
Max monthly permitted withdrawal _____ GPM TOC Elev. _____

5. Community Water Supply? _____ Non-Community Water Supply? _____

6. Was a hydrogeologic investigation undertaken? [] Yes [] No (attach copy)

7. Water quality sampling protocol "Routine" Semi-Annual
Other "Non-Routine" sampling requirements (specify parameters)

8. Initial chloride concentration (Hour 0) _____ mg/l
End chloride concentration (Hour 24/36) _____ mg/l
Maximum chloride concentration hour _____ mg/l

9. Pump Test date: _____ Permit Issued date: _____

10. Water Treatment process employed

11. Required sampling date(s)
Date _____ parameters
Date _____ parameters
Date _____ parameters