



## SECTION 2. WELL OPERATION PERMIT INFORMATION

2.1 Do you currently utilize a water treatment unit?     Yes         No

Types of Treatment (if answer yes on 2.1)

- Reverse Osmosis                                     Ion Exchange  
 Chlorination     Other Specify \_\_\_\_\_

2.2 If no do you intend to utilize treatment in the near future?  Yes  No

2.3 If you currently or intend to apply water treatment you must submit the following?

- Treatment process specification and design
- Diagram flow plans including pipe from raw water to the treatment, from RO treatment to the distribution
- Water treatment waste stream disposal plan

## SECTION 3. WELL INFORMATION

3.1 Gallons per minute withdrawal for each well:

- Well #1 Permit No.: \_\_\_\_\_ GPM Permitted: \_\_\_\_\_
- Well #2 Permit No.: \_\_\_\_\_ GPM Permitted: \_\_\_\_\_
- Well #3 Permit No.: \_\_\_\_\_ GPM Permitted: \_\_\_\_\_
- Well #4 Permit No.: \_\_\_\_\_ GPM Permitted: \_\_\_\_\_
- Well #5 Permit No.: \_\_\_\_\_ GPM Permitted: \_\_\_\_\_
- Estimated pump discharge \_\_\_\_\_ Horse Power \_\_\_\_\_

3.2 Does existing well have a benchmark present?  Yes     No

If no, benchmark must be installed by a registered surveyor prior to submission of this application

## SECTION 4. SIGNATURE

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

I \_\_\_\_\_ (print) an applicant for this well operation permit renewal hereby state that I have knowledge of the herein set and 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 Reporting Requirements, Water Production Proper Management, and the 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 the water quality and metered water production data.

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Signature

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Date

**SECTION 5. SEMI-ANNUAL WELL OPERATION REPORT**

5.1 This form is to be completed each year by all well operators permit holders with a total project well production capacity requirements. Without submission of this form renewal of the well operations permit will not be possible and may be revoked and discontinued of the well operation.

5.2 Routine semi-annual water quality analysis:

(PLEASE ATTACH COPY OF LAB REPORT)

5.3 MONTHLY WATER PRODUCTION RECORDS:

MONTH/YEAR	TOTAL GALLONS PUMPED
January_____	_____Gallons
February_____	_____Gallons
March_____	_____Gallons
April_____	_____Gallons
May_____	_____Gallons
June_____	_____Gallons
July_____	_____Gallons
August_____	_____Gallons
September_____	_____Gallons
October_____	_____Gallons
November_____	_____Gallons
December_____	_____Gallons
Total Annual Production:	_____Gallons
Gallons Per Minute Permitted:	_____GPM

\_\_\_\_\_  
Well Owner Signature

\_\_\_\_\_  
Date