

Commonwealth of the Northern Mariana Islands OFFICE OF THE GOVERNOR Bureau of Environmental and Coastal Quality DEQ: P.O. Box 501304, DCRM: P.O. Box 10007, Saipan, MP 96950-1304 DEQ Tel.: (670) 664-8500/01; Fax: (670) 664-8540 DCRM Tel.: (670) 664-8300; Fax: (670) 664-8315 www.deq.gov.mp and www.crm.gov.mp



RENEWAL WELL OPERATIONS APPLICATION

(Please type or print clearly)

FOR OFFICIAL	USE ONLY
Application No.	
Date Received	
Receipt No.	
Received By	

SECTION 1. APPLICANT INFORMATION

1.1	Project Name:			
1.2	Applicant's Name:			
1.3	Mailing Address:			
1.4	Authorized Rep.:			
1.5	Rep. Mailing Address:			
1.6	Telephone No.:		1	
		Applicant	Rep.	
1.7	Fax No.:		/	
		Applicant	Rep.	
1.8	Email:		/	
		Applicant		Rep.
1.9	Current Well Operation Permi	t No.:		-
1.10	Well Drilling Permit No.:			-
1.11	Project Location:	<u> </u>	Lot/Tract No.:	

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 o the permit is not possible without submission of the water quality and metered water production data.

SECTION 5. SEMI-ANNUAL WELLL 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