

SOURCE TESTING REVIEW APPLICATION

This form initiates the review and approval process for required studies and testing to be conducted on source(s) to serve Proposed or Existing Public Community and Public Non-Transient Non-Community Water Supplies.

The pump test and/or required studies may commence following receipt and approval of a complete submittal.

WSD use only: WSD Project ID #: _____ Associated WSID #: _____

	<u>Code</u>	<u>Date</u>
1. Town: _____		
2. Project Name: _____		
3. Source Id letter(s) _____ Source number(s) _____		
4. Well Completion Report #: _____		
5. Well Driller's Yield _____gpm and project. Max day demand _____gpm		
6. Source construction plans and specifications		
7. Proposed pump test rate _____ gpm, monitor radius _____ ft, test duration _____ hrs (see back table, 8i or ii).		
8. Interference Assessment: Locate and identify the following on a USGS 7.5 minute topo map, orthophoto or larger scale map: (the interference assessment for Springs or Surface Water sources needs to include documentation of all other withdrawals as part of the low flow analysis)		
i. all water supplies and appropriate monitor wells within the specified radius (see back)		
Please attach the following:		
ii. owner's name, mailing address, phone		
iii. source depth, yield, pump setting, well log		
iv. demand (e.g. # of bedrooms)		
9. Proposed scope of required studies (as needed)		

NOTE: If permission to monitor a source is denied, the Water Supply Division (WSD) requires interference impact to be estimated using design criteria and the best available information.

NOTE: Yield Analyses per Water Supply Rule regulations: Wells, constant rate pump test. Springs, low flow analysis (and high flow for SPA delineation). Surface water safe yield, without raw water impoundment: 1Q20 analysis, or with raw water impoundment: 20-50 year drought condition using a mass diagram. Minimum stream flow requirements may need to be evaluated.

NOTE: The applicant shall identify agricultural lands, as defined in Title 10, Section 1671, within the delineated source protection area(s). If agricultural land is identified, please fill out the attached form and include in the source testing or pump test report.

SOURCE TESTING REVIEW APPLICATION

Completion Instructions

Applicant shall provide the following information:

1. Town in which project is located.
2. Name of project (please notify the Water Supply Division if project name changes).
3. Source ID letter(s) from Source Application Form or Wastewater System and Potable Water Supply application and a unique source number; in sequence with existing sources, if any.
4. An ANR Well Completion Report. For Springs and Dugs wells include a sediment profile.
5. Driller's yield from Well Completion Report (well completion report), and project demand in gpm from basis of design.
6. Source construction plans and specifications including materials and dimensions.
7. Determine proposed pump test rate, interference monitoring radius and test duration from table below (8i).
8. Interference Assessment:
 - i. Specified radius, from table below, within which all water supplies and appropriate monitor wells shall be monitored.

PCWS

Pump Test Rate (gpm)	Monitor Radius (feet)	Duration (hours)
0 – 19	1000 feet	72 hours
20 – 49	2000 feet	72 hours
50 – 99	2500 feet	96 hours
100+	3000 feet	120 hours

NTNC

Pump Test Rate (gpm)	Monitor Radius (feet)	Test Duration (hours)
0.0 – 1.9	200	24
2.0 – 4.9	500	36
5.0 – 19.9	1000	5.0 – 7.9 gpm 48* hr 8.0 – 49.9 gpm 72 hr
20.0 – 49.9	2000	72
50.0 – 99.9	2500	96
1000+	3000	120

* May be increased to 72 hr if interference or special studies are required.

Please attach the following for all sources located within the specified radius above:

- ii. owner's name, mailing address, phone.
- iii. source type, source depth, yield, pump setting, well log.
- iv. demand (e.g. # of bedrooms) see Table 1 in Water Supply Rule.
9. Proposed scope of required studies as determined by the Division. Scope to include, but not limited to:
 - i. type of study.
 - ii. locations and construction of proposed monitoring wells.
 - iii. data collection procedures.
 - iv. Proposed methods of analysis, including references.

Honorable Jim Douglas, Governor George Crombie, ANR Secretary Jeffrey Wennberg, DEC Commissioner

This (fact sheet/form/application) and related environmental information are available electronically via the internet. For information visit us through the Vermont Homepage at <http://www.vermont.gov> or visit VT WSD directly at <http://www.vermontdrinkingwater.org>

Water Supply Division
103 South Main Street
Waterbury, VT 05671-0403
Toll free 1-800-823-6500
Out of State 1-802-241-3400
Fax 1-802-241-3284