



Drinking Water and Groundwater Protection Division

**GROUNDWATER UNDER THE DIRECT INFLUENCE OF SURFACE WATER
EXEMPTION APPLICATION**

For The Determination Of Exemption From Microscopic Particulate Analysis (MPA) Testing

When filling out this Application please follow the numbered line-by-line instructions, progressing to the indicated sections as directed in **Bold Type**. Please place an [X] in the appropriate boxes and supply all supporting documentation. Refer to the **Guidance Document** (Sections referenced) for further explanation of the required documentation. When the line-by-line instructions indicate that the Application has been finished, send the Application along with all requested supporting documentation to the Drinking Water and Groundwater Protection Division. Please start with filling in your Town name, system name and ID number below.

Town:
Public Water System name:
Water System I. D. # (WSID):

(Please make additional copies of this application and complete one form for each groundwater source which is to be considered for an exemption.)

Please be sure to complete and include the attached Inventory Of Water System Sources with your submittal.

1. Source Name:
 Source Identification Number or letter:
 (Include a USGS Topographic Map showing the location of each groundwater source which contributes to the water system.)

Source Type:

- A. Drilled Bedrock Well.
- B. Drilled Gravel Well,
- C. Well Point, or Dug Well.
- D. Infiltration Gallery, or Spring.

Current Source Status:

- New Source.
- Permanent.
- Seasonal or offline (Planned use).
- Emergency (Unplanned use).

Is this source currently filtered? (i.e. meets SWTR requirements; slow sand, rapid sand – not water softener or sand or iron removal) Yes No

If yes, describe method and type of filtration

(Advance to line 2.)

2. Is the source a Spring or Infiltration Gallery? Yes No

If No, **Advance to line 3.** See Guidance Doc. Section II, A.
If Yes, **Advance to Line 11.** See Guidance Doc. Section III-VI.

3. Is the source located 150 feet or more from surface water? Yes No

If Yes, **Advance to line 4.** See Guidance Doc. Section. II, B.
If No, **Advance to line 7.** See Guidance Doc. Section. II, B.

4. Is the source a drilled bedrock well? Yes No

If Yes, **Advance to line 5.**
If No, **Advance to Line 11.**

5. Does the source have greater than 50 feet of watertight casing below grade? Yes No

If Yes, **Advance to line 11.** See Guidance Doc. Section II, C.
If No, **Advance to line 6.**

6. Is there a confining layer present between the surface water and the source aquifer? Yes No

If Yes, **Advance to line 11.** See Guidance Doc. Section II, D.
If No, **Advance to line 11.** See Guidance Doc. Section III-VI.

7. If the answer to question #3 was yes, please complete all of the following:

A. Does the source have a historical association with water-borne disease outbreaks? Yes No
If No, See Guidance Doc. Section II, E.

B. Has the source, within the last three year period, had one or more violations of total coliform MCL, or repeatedly failed to meet coliform monitoring requirements? Yes No
If No, See Guidance Doc. Section II, F.

C. Is the source subject to surface water influence by annual flooding? Yes No
If No, See Guidance Doc. Section II, G.

D. Are there construction defects or deficiencies which could allow surface water to directly enter the source? Yes No
If No, See Guidance Doc. Section II, H.

E. Does the source have a tested capability to yield more than 500 gallons per minute? Yes No
If No, See Guidance Doc. Section II, I.

F. Does the source have any other evidence of being under the direct influence of surface water? Yes No
If No, See Guidance Doc. Section II, J.

If any of the above items in line 7 were answered Yes,
Advance to line 11. See Guidance Doc. Section III-VI.

If all of the above items in line 7 were answered No,
Advance to line 8.

8. Is the top of the well screen, bottom of the well casing, or the bedrock surface greater than 50 feet below ground surface? Yes No

If Yes, Advance to line 11. See Guidance Doc. Section II, K.
If No, Advance to line 9.

9. Is there a confining layer present between the source aquifer and surface water? Yes No

If Yes, Advance to line 11. See Guidance Doc. Section II, D.
If No, Advance to line 10.

10. Is there a direct hydraulic connection between the source and surface water? Yes No

If Yes, Advance to line 11. See Guidance Doc. Section III-VI.
If No, Advance to line 11. See Guidance Doc. Section II, L.

11. If this Application was completed with the help of an environmental consultant, engineer, or well driller, please have them sign below. (**Then advance to line 12.**)

_____	_____	_____
Print Name	Signature	Profession
_____	_____	_____
Affiliation	Phone #	Date

12. I hereby certify that my answers to these questions are accurate and the attachments meet the requirements of the Guidance Document.

_____	_____
Print Name (Owner, Responsible Person)	Signature
_____	_____
Phone #	Date

STOP. The application procedure for this source is finished.

Please read the following:

Please submit all completed Exemption Application forms AND SUPPORTING DOCUMENTATION, **particularly a well completion report**, including the Inventory of Water System Sources form, to the following address.

This form and related environmental information are available electronically at:
<http://dec.vermont.gov/water>

Drinking Water and Groundwater Protection Division
1 National Life Drive, Main 2
Montpelier, VT 05620-3521
Phone: 802-828-1535
Fax: 802-828-1541

