



Large Production Wells and Wells for
Large Community Water Systems
Drinking Water and Groundwater Bureau



Rule: Env-Dw 302

REPORT COVER PAGE

PROJECT NAME	
PROJECT TOWN	
PWS ID	

APPLICANT (Project/Water System Owner)

Name	
Mailing Address	
Daytime Phone Number	
Email Address	

WELL SITE OWNER (Property Owner)

Name	
Mailing Address	
Daytime Phone Number	
Email Address	

PROJECT CONTACT/REPORT PREPARER

Name	
Company Name	
Mailing Address	
Daytime Phone Number	
Email Address	

PUMPING TEST PERFORMER/CONTACT

Name	
Mailing Address	
Daytime Phone Number	
Email Address	

SUBMITTAL INFORMATION

1. Project Type:
 - a. ___ New well(s) for New System
 - b. ___ New well(s) for Existing System
 - c. ___ Replacement well(s) for Existing System
 - d. ___ Hydrofractured or Deepened well(s) for Existing System

2. Proposed permitted production volume in gallons per day: _____

REPORT CERTIFICATION STATEMENT

By signing this report, the signer certifies that the information contained in or otherwise submitted with this report is true, complete and not misleading to the best of the signer’s knowledge and belief.

By signing this report, the signer understands that submission of false, incomplete or misleading information is grounds for:

- Not approving the report;
- Revoking any approval that is granted based on the information;
- Suspending or revoking the professional license held by the signer if the department is the licensing authority or referring the matter to the appropriate licensing authority for potential action against the professional license held by the signer if other than the department; and
- If the signer is acting as or on behalf of a listed engineer as defined in Env-C 502.10, debaring the listed engineer from the roster.

By signing this report, the signer understands that they are subject to the penalties specified in New Hampshire law, currently RSA 641:3, for making unsworn false statements.

By signing this report, the signer and applicant agree to comply with all applicable rules and conditions of the approval, if one is issued.

SIGNATURES

APPLICANT: _____ **DATE:** _____

PRINTED NAME: _____

***REPORT PREPARER:** _____ **DATE:** _____

PRINTED NAME: _____

PROFESSIONAL LICENSE TYPE: _____

PROFESSIONAL LICENSE NUMBER: _____

**This cover page must bear the stamp or seal of the NH-licensed Professional Engineer (P.E.) or Professional Geologist (P.G.) who prepared the report.*

For additional information contact NHDES’ Community Well Siting program manager at (603) 271-8866.