

Notice: This form is authorized by s. 281.41, Wis. Stats., and s. NR 809.932(3), Wis. Adm. Code. Completion of this form or a similar form approved by the Department is mandatory. Failure to submit a completed form to the Department is punishable by administrative forfeitures imposed under s. 281.99, Wis. Stats., of not less than \$10 nor more than \$1,000 for each violation or by penalties imposed under s. 281.98, Wis. Stats., of not less than \$10 nor more than \$5,000 for each violation. Each day of continued violation is a separate offense (s. 281.98, Wis. Stats.). Personally identifiable information on this form is not intended to be used for any other purpose but may be made available to requesters under Wisconsin's Open Records law

This form is intended to ensure that non-transient non-community water systems comply with the requirements of Subchapter IX of Chapter NR 809, Wis. Adm. Code. Section NR 809.931 requires that all new community and non-transient non-community water systems develop and maintain adequate financial, managerial, and technical capacity to meet the requirements of the federal safe drinking water act. A **non-transient non-community water system** is a water system that serves the same 25 persons, or more, over 6 months of the year but does not serve year-round residents.

Facility Information

This information is used to identify the primary contacts for the facility and to evaluate if the facility meets the definition of a non-transient non-community water system. The ability of the Department to communicate with individuals responsible for the water system is a key component in ensuring the system is capable of meeting the safe drinking water act requirements. **Type of facility** means the facility is a facility such as a school, a factory, a business, a restaurant, a campground, an industry, or a combination of types of facilities on a joint well. The **owner** for school systems is the Superintendent of Schools. The **operator** of the system is the person responsible for the daily operation of the water system.

Name of Facility			Telephone Number		
Address			Number of Employees (approximate)		
City	State	ZIP Code	Number of Students (if day care or school)		

Type of Facility

Owner Information **Water System Operator Information**

Name			Name		
Address			Address		
City	State	ZIP Code	City	State	ZIP Code
Telephone Number	Fax Number		Telephone Number	Fax Number	
E-mail Address			E-mail Address		Certification Number

Water System Information

This information is used to evaluate the size, extent, and complexity of the water system and to determine whether other options were evaluated during the design of the water system. Options to be considered should include connecting to another public water system, connecting to a municipal water system, and construction of cluster wells.

Anticipated Well Pump Capacity	Well Pump Type <input type="checkbox"/> Vertical Turbine <input type="checkbox"/> Submersible	Well Discharge Type <input type="checkbox"/> Above Ground <input type="checkbox"/> Pitless Unit	Water Storage Tank Type <input type="checkbox"/> Diaphragm or Bladder <input type="checkbox"/> Nondiaphragm	Treatment Type
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Describe interconnection with other water systems.

What options have been considered other than constructing a separate water system?

Has Department of Commerce approval of the distribution system been obtained? Yes No

Well Construction Information (To be provided by licensed well driller or professional engineer)

This information is used to ensure that the proposed well will meet the current construction and location requirements of Chapter NR 812, Wis. Adm. Code. This information must be provided by a licensed well driller or professional engineer. Proper well construction and location help to ensure that the water quality will be maintained.

Location of Well		Latitude	Longitude								
Quarter-Quarter	Quarter	Section	Range								
<table border="1"> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> </table>	NW	NE	SW	SE	<table border="1"> <tr><td>NW</td><td>NE</td></tr> <tr><td>SW</td><td>SE</td></tr> </table>	NW	NE	SW	SE	<input type="checkbox"/> E <input type="checkbox"/> W	Township
NW	NE										
SW	SE										
NW	NE										
SW	SE										
		County									
		Degrees	_____								
		Minutes	_____								
		Seconds	_____								

Capacity Evaluation for Non-Transient Non-Community Public Water Systems

Form 3300-246 (R 4/08)

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Well Construction Information (continued)

Well Depth	Depth to Bedrock	Anticipated Water Bearing Formation	Length of Casing	Diameter of Casing
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Will the total installed pumping capacity of all wells on the property be 70 gallons per minute or more?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If yes, has a high capacity construction approval been obtained from the Department?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Will a variance to the construction or location requirements of NR 812 be required due to site or geological conditions? Yes No

If yes, explain or attach a copy of variance.

Well Driller or Professional Engineer Name	Well Driller or P.E. Number	Telephone Number
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Well Driller or Professional Engineer Address	Fax Number
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City	State	ZIP Code	Anticipated Well Construction Date
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Water Quality / Treatment Information (To be provided by licensed well driller or professional engineer)

This information is used to evaluate whether the system owner is aware of any anticipated water treatment that will be necessary to address existing water quality problems to ensure compliance with the water quality standards contained in Chapter NR 809, Wis. Adm. Code.

Water Quality Concerns in the Area (check all that apply):

<input type="checkbox"/> Hardness	<input type="checkbox"/> Iron and Manganese	<input type="checkbox"/> Radium	<input type="checkbox"/> Radon	<input type="checkbox"/> Nitrate	<input type="checkbox"/> Bacteria
<input type="checkbox"/> Pesticides	<input type="checkbox"/> Gasoline Compounds	<input type="checkbox"/> Arsenic	<input type="checkbox"/> Other (Explain) _____		

Where was the information on water quality obtained?

Will the proposed well construction address the water quality concerns? Yes No

If there are water quality concerns, how have they been addressed?

Operation and Management Information

Information has been provided to inform the proposed water system owner of the responsibilities of a water system owner, the costs of water quality monitoring, the costs of water system construction, the costs of operating the water system, and the costs associated with compliance with the regulations. All of this information is critical for making an informed decision on constructing a non-transient non-community water system. The information is used to educate the potential water system owner and the response to the question is used to identify that the information has been conveyed. Too often lack of understanding the responsibility of a water system owner and of future regulations can result in systems failing to meet the drinking water standards.

Have you read and understood the information provided by the Department of Natural Resources on owner's responsibilities, water quality monitoring costs, water system costs, and location of the DNR offices? Yes No

Financial Information

This information is used to ensure that the owner has the capability of paying for the construction and operation of the water system. Such capability may be shown when the owner obtains financing from a lending institution. While not a major cost consideration for some small businesses such as day care facilities. Often financial burden is a primary factor for systems failing to meet the drinking water standards contained in NR 809. Information on costs can be found as part of an informational package provided by the Department of Natural Resources and should be reviewed prior to completing this section.

How will construction of the water system be paid for?	Lending Institution Name (If all, or a portion, of the water system will be financed)
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Estimated Annual Monitoring Cost	Estimated Annual Operating Cost	Estimated Annual Maintenance Cost
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How will the annual costs be paid for?	How will emergency costs be paid for?
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Certification

I certify that I have provided the above information and that it is correct, true, and complete.

Owner's Signature	Date Completed
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