SETBACK REDUCTION NOTIFICATION FORM

MAINE WATER WELL DRILLING COMMISSION DEPARTMENT OF HEALTH & HUMAN SERVICES DIVISION OF ENVIROMENTAL HEALTH 11 STATE HOUSE STATION AUGUSTA ME 04333-0011 (207) 287-5699 FAX (207) 287-4172 TDD (207) 287-5550	The Well Driller is required to submit a completed Setback Reduction Notification Form for <u>all wells</u> <u>drilled less than 100 feet from a disposal field, or 60</u> <u>feet from a septic tank, holding tank, or lift station.</u>
PROPERTY OWNER	WELL DRILLER
MAILING ADDRESS	WELL DRILLER REGISTRATION #
	WELL DRILLER ADDRESS
LOCATION OF WELL:	
STREET	_CITY/TOWN
MAINE GEOLOGICAL SURVEY - WATER WELL INFOR	RMATION #
	UNDER SECTION 400.3 (check appropriate letter)
 b. [] sufficient setbacks from other potential sources of c. [] excessive slopes prohibit access; or d. [] the location of permanent structures would result in e. [] the location of lakes, ponds, streams or wetlands pr f. [] the presence of bedrock at or within three vertical f g. [] Other – Specialty Well – Date Approved by Comm 	n unreasonable impacts or damage to the structures; or rohibits meeting the required setback; or feet of the surface would result in unreasonable trenching requirements.
DESCRIPTION OF (COMPLETED WELL CONSTRUCTION
Well Depth	Date Drilled (m/d/y)
Casing Length	Setback to Leachfield
Depth to Bedrock	Setback to Septic Tank, Holding Tank, & Lift Station
Length of Any Liners Installed	
Depth of Any Liner Seals Installed Bottom Seal	Top Seal
ADDITIONAL COMMENTS:	

If you choose to utilize this digital copy of the Setback Reduction Notification Form please remember to make three copies, one for your customer, one to be forwarded to the Well Drillers Commission within 30 days of drilling, and one for your records. Be sure to have each copy properly signed as required.