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Public Health Director

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Deputy Director

## Application

### **Application for the installation of new and/or replacement individual water supply wells as per 10NYCRR Appendix 5-B, Standards for Water Wells.**

Property Owner: \_\_\_\_\_

Property Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Telephone Number: \_\_\_\_\_

DEC Registered Well Driller: \_\_\_\_\_

DEC Registration Number: \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Is a waiver from Appendix 5-B requested? Yes \_\_\_ No \_\_\_

If answered yes, please submit Specific Waiver Application.

#### **REQUIREMENTS:**

- **The County Health Department requires site access to gather GPS Data.**

#### **Water well location:**

- Adequate access for inspection, maintenance, repair, treatment, and testing.
- Not subject to seasonal flooding or surface water contamination.
- Up gradient from potential sources of contamination.
- Minimum separation distances as listed in Appendix 5-B, Table 1.
- Ground around well casing is graded to divert surface water away from well.

#### **Water well construction:**

- Constructed according to Appendix 5-B, Table 2.
- Minimum casing length of 1ft. above finished grade and 19 ft. below finished grade.
- Watertight, vermin-proof, and properly vented well cap.
- Grouted to prevent entry of contaminants into well.

#### **Well yield and water flow:**

- New and redeveloped wells must be tested for well yield.
- **A copy of the Well Completion Report required by NYS Environmental Conservation Law must be submitted to the County Health Department.**

#### **Water quality:**

- Free of microbiological contamination or continuously disinfected.
- Not connected to any unsafe water supply.
- **Tests must be performed by a NYS certified lab.**  
**(Please submit a copy of lab report)**

Please complete attached Environmental Health Fee Schedule and return with application. Signature of

Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_