



WYOMING COUNTY HEALTH DEPARTMENT
5362 Mungers Mill Road
Silver Springs, NY 14550
(585) 786-8894

SPECIFIC WAIVER APPLICATION
From Requirements of Appendix 5-B, 10NYCRR,
Standards for Water Wells

APPLICANT INFORMATION:

Name of Applicant: _____
First _____ M.I. _____ Last Name _____

Address: _____
No. _____ Street _____ City/Town _____ State _____ Zip Code _____

Phone#: (Home) _____ (Cell) _____

Site Location: _____
No. _____ Street/Road _____ Town/Village _____

INSTALLER INFORMATION:

Name of Installer: * DEC Registered – YES NO

First _____ M.I. _____ Last Name _____

DBA: _____

Phone #: (Home) _____ (Cell) _____

Address: _____
No. _____ Street _____ City/Town _____ State _____ Zip Code _____

1. Describe area(s) of deviation from Appendix 5-B (NYS Sanitary Code):

- Separation distance cannot be achieved
- Construction of well is not in accordance with Section 5-B.3
- Inadequate well yield
- Other: _____

2. Describe reasons for waiver request: _____

3. List additional measures taken to minimize potential contamination of proposed water supply:

4. Will the deviation(s) noted potentially affect the quality of the water supply?

YES NO

If yes, please describe:

Risk of well, spring, or water service contamination
 Other (Explain) _____

5. Will the proposed water supply have any Treatment and/or Disinfection?

YES NO

If yes please describe - _____

Date: _____

I understand that the proposed water supply does not meet the requirements as prescribed in Appendix 5-B of the New York State Sanitary Code and the potential consequences of such deviations. Therefore, I agree NOT to hold the Wyoming County Department of Health or its employees responsible for any problems which may arise in the construction, operation and/or water quality of the proposed potable water supply. This shall NOT preclude the Wyoming County Department of Health from enforcement action due to any future public health hazard which may occur.

Signature of Applicant: _____

(OFFICE USE)

WAIVER APPROVED without CONDITIONS
 WAIVER APPROVED with CONDITIONS (see attached sheet)
 WAIVER DENIED (see attached sheet)
 WAIVER PENDING – ADDITIONAL INFORMATION NEEDED (see attached sheet)

This specific waiver may be revoked by the issuing official if the information provided is found to be inaccurate, or if construction of the proposed water supply does not conform with the conditions as set forth with the specific waiver approval.

Stephen D. Perkins
Director of Environmental Health

Date