

WYOMING COUNTY HEALTH DEPARTMENT

Environmental Health Division
5362 Mungers Mill Road, Silver Springs, NY 14550
Telephone 585-786-8894

INDIVIDUAL WATER SUPPLY WELLS **(APPENDIX 5-B)**

Application for the Installation of New and/or Replacement Potable Water Well

Name of Property Owner:	
Address:	
Home Phone Number:	Cell Number:
Town:	Nearest Crossroad:

➤ DEC registered Well Driller: YES NO

DEC Registration Number: _____

➤ Is a Waiver from Appendix 5-B Requested: YES NO

If answered YES please explain: _____

Water Well Location

➤ Well is located as to provide adequate access: YES NO

➤ Well is constructed as to not allow seasonal flooding: YES NO

➤ Well is located up gradient from potential sources of contamination: YES NO

➤ Achieved minimum separation distances as listed in Appendix 5-B, Table 1: YES NO

➤ Ground around the well is graded to divert surface water away from the well: YES NO

➤ GPS Well Location: Lat: _____ Long: _____

Water Well Construction

➤ Type of well construction: Drilled Driven Excavated Other _____

➤ Well constructed according to the requirements of Appendix 5-B, Table 2: YES NO

➤ Top of well casing is a minimum of 12" above finished grade: YES NO

➤ Depth of well casing is at least 19' below finished grade: YES NO

- If NO have additional measures been taken to protect the supply: YES NO

If YES please list them: _____

➤ Top of the casing has a watertight and vermin proof well cap: YES NO

➤ Is well casing properly vented? YES NO

➤ Is the well grouted? YES NO

➤ Connection to water well casing is made with a pitless adapter: YES NO

If NO please explain: _____

➤ Type of Pump installed on the well: _____

➤ Does the well have any cross connections with another water supply: YES NO

If YES please explain: _____

Well Yield and Water Flow

➤ Water well yield test was performed: YES NO

➤ Water level and flow rate observations were recorded: YES NO

PLEASE NOTE ~ A COPY of the NYSDEC "WATER WELL COMPLETION REPORT" must be submitted with this application.

Additional Information

➤ Was the well properly disinfected prior to use: YES NO

➤ Was a bacteriological water sample collected from this source: YES NO

- If YES date the sample was collected: _____

- Sample Results: _____

(Please attach a copy of the report)

Office use:

_____ Individual Water Supply Well **DOES** appear to meet the requirements set forth in Part 5, Appendix 5-B, of the New York State Sanitary Code.

_____ Individual Water Supply Well **DOES NOT** appear to meet the requirements set forth in Part 5, Appendix 5-B, of the New York State Sanitary Code.
(See Attached Sheet)

_____ Waiver Issued (See Attached Waiver)

Signature: _____

Stephen D. Perkins
Director of Environmental Health