



SCHUYLER COUNTY  
WATERSHED PROTECTION AGENCY

910 S. Decatur St  
Watkins Glen, NY 14891  
Phone: (607) 535-6868  
Fax: (607) 535-6867  
www.schuylercounty.us/wpa.htm

**WATER WELL CONSTRUCTION APPLICATION FORM**

Owner / Applicant Section to be filled out prior to well construction

Applicant: ..... Phone: .....

Mailing Address: .....

Owner: ..... Phone: .....

Mailing Address: .....

Property Location: .....

Town of: ..... Tax Map ID #: ..... - ..... - .....

Structure to be served: new home / existing dwelling / multiple / other \_\_\_\_\_

\*Is the structure to be served in a water district? Yes \_\_\_\_\_ No \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use Only  
Well Site Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**Well Drillers Section** to be filled out after well construction

Well Drilling Company: .....

Certified Driller Name: ..... DEC Registration Number: .....

*"I hereby affirm that, to the best of my knowledge, the above referenced well was constructed and has met the minimum requirements contained within NYS Public Health Law Appendix 5-B and the Schuyler County Watershed Protection Law."*

Well Drillers Signature: ..... Date: .....

*\*If not signed, see attached NYS DOH Waiver\**

NYS DEC WATER WELL COMPLETION REPORT ATTACHED Yes  No

*\*Required\**

**\*\*\*RETURN COMPLETED FORM AND REQUIRED WELL COMPLETION REPORT TO\*\*\*  
SCHUYLER COUNTY WPA AT ADDRESS LISTED ABOVE**

Internal Use Only  
Date form returned: ..... Complete: Yes  No

Water Analysis Performed: Yes  No  Date Sampled: .....

Sampler Name: ..... Lab Cert Number: .....

Results: Compliance  Non Compliance

NOTES:

\*IF THE STRUCTURE IS IN A WATER DISTRICT, THE STRUCTURE MUST BE SERVED BY MUNICIPAL WATER!  
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