



SCHUYLER COUNTY
WATERSHED PROTECTION AGENCY

Rural Urban Center
208 Broadway St. Rm 305
Montour Falls, NY 14865
Phone: (607) 535-2208
Fax: (607) 535-2361
Email: watershed@stny.rr.com

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 _____

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

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