

**GENESEE COUNTY HEALTH DEPARTMENT**

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**ORLEANS COUNTY HEALTH DEPARTMENT**

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Paul A Pettit, MSL  
Public Health Director

David G Whitcroft  
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 will 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: \_\_\_\_\_