



Public Health
Prevent. Promote. Protect.

Cortland County Health Department

CORTLAND COUNTY HEALTH DEPARTMENT

COUNTY OFFICE BUILDING
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APPLICATION FOR PERMIT TO CONSTRUCT A WATER WELL

OWNER: _____ PHONE: _____

MAILING ADDRESS: _____

CITY, STATE, ZIP CODE: _____ E-MAIL ADDRESS _____

PROPERTY LOCATIONS

ROAD: _____ TOWNSHIP: _____

TAX MAP # _____ STRUCTURE TO BE SERVED: _____

PURPOSE OF WELL: (CIRCLE ONE) DRINKING WATER, INDUSTRIAL, OTHER-SPECIFY _____

PROPOSED CONSTRUCTION INFORMATION

DRILLING COMPANY: _____

NYS DEC WELL DRILLER REGISTRATION NUMBER: _____

ADDRESS: _____

DESIRED WELL YIELD: 5 GPM WELL DIAMETER: 6 inches CASING MATERIAL: steel

Is the area subject to flooding or heavy surface run-off? _____

Distance to potential sources of groundwater contamination: _____

Type(s) of above: _____

Is public water available to the property? _____ Distance to it: _____

Please attach a site plan which includes separation distances from property structures and potential sources of contamination (may use survey maps or tax maps).

I DO CERTIFY AND AFFIRM that all construction and completed works pertaining to this water well system will be in accordance with the requirements set forth in Article XII of the Cortland County Sanitary Code, "Rural Water Supply", Subpart 5-2 of the New York State Sanitary Code, and the "Procedures for Water Well Construction" of the Cortland County Department of Health.

SIGNATURE _____ DATE _____

*****OFFICIAL USE ONLY*****

Permit issuance approved by: _____ Date: _____

If permit denied, reason(s): _____

Date Issue: _____ Permit Number _____

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