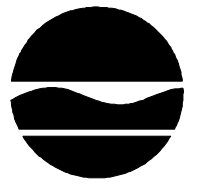


New York State Department Of Environmental Conservation

Division of Water, Water Well Program
 625 Broadway, 4th Floor, Albany, New York 12233-3508
 Phone: 518 402-8291; Toll Free: 877 472-2619 ! FAX: 518 402-8290
 Website: www.dec.ny.gov Email: NYSWells@gw.dec.state.ny.us



Alexander B. Grannis
 Commissioner

PRELIMINARY NOTICE OF PROPOSED WATER WELL

For the counties of Nassau, Suffolk, Queens, and Kings , do not use this form. Contact: Water Supply Unit - Region 1 (631 444-0410) Building 40, Room 218, State Univ. of New York Stony Brook, New York 11790-2356.	For all other counties in New York State, complete the form below and mail or fax to: Fax: 518 402-8290	NYSDEC, Water Well Notice 625 Broadway, 4th Floor Albany, N.Y. 12233-3508 Contact NYSDEC if a confirmation is not received within 3 business days.
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INSTRUCTIONS: When faxing, complete items 2 through 12 for DEC copy only. When mailing, complete items 2 through 12 for entire form, return lower portion to NYSDEC; retain remainder for your records. Item #1 will be determined by NYSDEC and provided in return receipt of Notice (indicate method at bottom). See detailed instructions on reverse side of this form.

(1) DEC Well #	(2) WELL OWNER			
(3) OWNER MAILING ADDRESS			TELEPHONE NUMBER (including area code)	
(4) WELL LOCATION (see instructions on reverse side)				(5) COUNTY
(6) DESIRED YIELD (Check One) Less than 10 gpm 10 to 49 gpm 50 to 99 gpm 100+ gpm				
(7) PURPOSE OF WELL			(8) DRILLING COMPANY	
(9) DRILLER		(10) DRILLER REGISTRATION NUMBER	(11) DATE OF NOTIFICATION	

Revised 6/07

(See item 12 at page bottom)

Driller's Copy

DEC Copy

(1) DEC Well #	(2) WELL OWNER			
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(9) DRILLER		(10) DRILLER REGISTRATION NUMBER	(11) DATE OF NOTIFICATION	

(12) Check One: Please provide me with a DEC well number by: **Fax** **Phone** **Email** **US Mail**