

NEW YORK STATE DEPARTMENT OF ENVIRONMENTAL CONSERVATION

Division of Water, Water Well Program
 625 Broadway, Albany, New York 12233-3508
 Toll Free: (877) 472-2619 | P: (518) 402-8086 | F: (518) 402-8290
 www.dec.ny.gov

PRELIMINARY NOTICE OF PROPOSED WATER WELL

For Nassau, Suffolk, Kings and Queens counties do not use this form. Contact: NYSDEC, Water Supply Unit - Region 1 SUNY @ Stony Brook 50 Circle Road Stony Brook, NY 11790-3409 Phone: (631) 444-0410	For all other counties in New York State, complete the form below and email, mail or fax to: NYSDEC, Water Well Notice 625 Broadway, 4 th Floor Albany, NY 12233-3508 Email: NYSWaterWells@dec.ny.gov Fax: (518) 402-8290	Contact NYSDEC if a confirmation is not received within 3 business days.
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INSTRUCTIONS: When mailing, complete items 2 through 14 for the entire form, return the lower portion to NYSDEC; retain the remainder for your records. Otherwise, complete items 2 through 14 for the DEC copy only. Item #1 will be determined by DEC and provided in return receipt of the notice (indicate method at bottom). See detailed instructions on the reverse side of this form.

(1) DEC WELL #	(2) COUNTY	(3) WELL OWNER Driller's Copy	
(4) OWNER MAILING ADDRESS		(5) TELEPHONE NUMBER	
(6) WELL LOCATION		(7) TAX MAP NO.	
(8) PURPOSE OF WELL	(9) DRILLING COMPANY		
(10) DRILLER	(11) DRILLER REGISTRATION NUMBER	(12) DATE OF NOTIFICATION	

(13) AND (14) SEE BOTTOM OF PAGE

(1) DEC WELL #	(2) COUNTY	(3) WELL OWNER NYSDEC's Copy	
(4) OWNER MAILING ADDRESS		(5) TELEPHONE NUMBER	
(6) WELL LOCATION		(7) TAX MAP NO.	
(8) PURPOSE OF WELL	(9) DRILLING COMPANY		
(10) DRILLER	(11) DRILLER REGISTRATION NUMBER	(12) DATE OF NOTIFICATION	

(13) HOW DO YOU WANT TO RECEIVE THE DEC WELL NUMBER? (CHECK ONE): <input type="checkbox"/> FAX <input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> US MAIL	(14) PROVIDE FAX #, PHONE #, OR EMAIL
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