

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) 444-0405	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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**PRELIMINARY NOTICE OF PROPOSED WATER WELL
- FORM INSTRUCTIONS -**

This form MUST be completed in its entirety.

(1) DEC WELL NUMBER

Do not fill in. DEC will assign number and notify driller. Except in the counties of Nassau, Suffolk, Queens, and Kings, driller does not need to receive the well number to commence with drilling. In Nassau, Suffolk, Queens, and Kings counties contact the DEC Region 1 office at the address or telephone number listed on the front of this form.

(2) COUNTY

Indicate county in which the well will be located.

(3) WELL OWNER

Supply the name of person or company that will own well.

(4) OWNER MAILING ADDRESS

Indicate current mailing address of well owner.

(5) OWNER TELEPHONE NUMBER

Indicate current telephone number of well owner.

(6) WELL LOCATION

Anticipated well location must be supplied with as much detail as possible. Alternatively, the proposed well may be located on a map using a photocopy of a portion of USGS or DOT 1:24,000 quadrangle map (include name of map) or a detailed road map. It is highly recommended that (GPS) Global Positioning System equipment be used to determine coordinates.

(7) TAX MAP NO.

Provide Section, Block and Lot from local Real Property Services.

(8) PURPOSE OF WELL

Commercial; Dewatering; Domestic; Fire Protection; Industrial; Institutional; Irrigation; Municipal; Public Water Supply; Stock Supply; Test.

(9) DRILLING COMPANY

Indicate company name.

(10) DRILLER

Indicate name of driller responsible for on-site supervision of work.

(11) DRILLER REGISTRATION NUMBER

Show the DEC driller registration number of the company listed in item number 10.

(12) DATE OF NOTIFICATION

Indicate date this notification was made to DEC.

(13) HOW DO YOU WANT TO RECEIVE THE DEC WELL NUMBER?

Indicate how you want to receive the DEC well number.

(14) PROVIDE FAX #, PHONE #, OR EMAIL

If you choose to receive the well number by fax, phone, or email, provide the number or email address.