

VILLAGE OF BLOOMINGBURG
13 NORTH ROAD
P.O. BOX 341
BLOOMINGBURG, NEW YORK 12721

OFFICE: (845) 733-1400

FAX: (845) 733-1741

APPLICATION FOR WELL PERMIT

Date: _____

Permit Number: _____

NAME OF APPLICANT: _____

1. Name of owner of premises: _____

If applicant is a corporation, the signature of duly authorized officer.

2. Physical address of land on which proposed work will be done:

Bloomington, NY 12721

Tax Map location: Section: _____ Block: _____ Lot: _____

3. Nature of work (check which is applicable and brief description of what):

DRILLING NEW WELL: _____ Pump Replacement: _____ Re-Drilling of Existing Well: _____

Briefly describe what type of work: _____

4. Well Permit Fee: Residential \$150.00 - Commercial \$250.00 (to be paid on filing of application)

5. Property information

Zone or use district in which premises are situated: _____

Existing use and occupancy: _____

Intended use and occupancy: _____

6. Name of Well Driller: _____ Phone No. _____

Address: _____

Compensation Insurance in effect:

Date of expiration: _____

Well Driller Registration # _____ Pump Installers Certification# _____

7. Name of Plumber/Pump Installer: _____ Phone No. _____

Address: _____

Compensation Insurance in effect: _____

Date of expiration: _____



X _____

Date _____

Signature of Applicant Applying for Permit



Preliminary Notice of Proposed Water Well

Submit this form by email to NYSWaterWells@dec.ny.gov
Leave the DEC Well Number field blank. DEC's Water Well Contractor Program will provide well number to you within three business days.

For wells in Nassau, Suffolk, Kings and Queens counties, forms may be obtained from contacting DEC's Region 1 Office. You may request forms by email (R1DOW@dec.ny.gov) or phone (631-444-0405).

DEC Well #	County	Well Owner	
Well Owner Mailing Address			
Well Location (Address, Latitude/Longitude, Tax Map Number)			
Well Purpose		Drilling Company Name	
Certified Driller Name	NYSDEC Registration Number		Notification Date

Preferred Contact Method <input type="checkbox"/> Phone <input type="checkbox"/> Email	Phone/Email
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INSTRUCTIONS FOR NYSDEC WATER WELL COMPLETION REPORT

The water well contractor must provide a copy of this report to DEC and the well owner.

For more information about the Water Well Program, visit www.dec.ny.gov or contact program staff at nyswaterwells@dec.ny or 877-472-2619.

County: County in which the well is located.
Town: Town in which the well is located.
DEC Well Number: Well number assigned to the driller by NYSDEC.
Owner Name: Full name of well owner. If the well is owned by a builder, indicate the builder's name.
Owner Address: Current mailing address of the well owner.
Well Address: Physical address of the property on which the well is located.
Latitude/Longitude: Latitude and longitude of the well.
Tax Map No.: Section, Block and Lot from local Real Property Services.
Well Depth: Total well depth in feet below land surface.
Groundwater Depth: Static water level in feet below land surface.
Date Measured: Date of the water level measurement.
Flowing Artesian?: Indicate whether water is flowing out of the well upon completion of well installation.

CASING

Diameter: Diameter of casing in inches.
Length: Length of casing in feet.
Grout Type/Sealing: Type of grout or sealing material used (e.g. bentonite, cement, drive shoe).
Grout / Sealing Interval: Interval of grout or sealing in feet below land surface.

SCREEN

Make: Manufacturer name.
Material: Type of material (e.g. PVC, steel) of the screen.
Depth to Top of Screen: Depth from the top of the casing to the top of the screen in feet.
Diameter: Diameter of the screen in inches.
Length: Length of the screen in feet.
Slot Size: Slot size of the screen in thousandths of an inch.

YIELD TEST

Date: Start date of the yield test.
Duration of Test: Duration of the test in hours and minutes.
Lift Method: Method used to produce water (pump, air lift, bailer).
Stabilized Discharge: Discharge rate that resulted in stabilized drawdown in gallons per minute (gpm).
Static Level Prior to Test: Static water level prior to the start of the yield test in feet.
Maximum Drawdown: Difference between the static water level and the lowest stabilized water level in feet.
Recovery Time: Time it takes for the water level to return to the static water level after cessation of pumping in hours and minutes.
Discharged away from immediate area?: Indicate if the water produced during the yield test was discharged away from the immediate area to prevent recirculation.

DRILLER INFORMATION

Method of Drilling: Rotary, cable tool, or other.
Use of Water: Agricultural; Commercial; Dewatering; Domestic; Fire Protection; Geothermal; Industrial; Institutional; Irrigation; Municipal; Public Water Supply; Stock Supply; Test.
Date Drilling Started: Date drilling activities started.
Date Drilling Completed: Date drilling activities completed.
Report Date: Date the well drilling sections of the completion report form were completed.
Registered Company Name: Name of the registered drilling company.

DEC Reg No.: NYSDEC registration number.
Certified Well Driller: Name of the exam-certified well driller responsible for providing on-site supervision of well drilling installation activities for the well reported on this form.
Certified Well Driller Initials: Certified well driller must initial here.

PUMP INSTALLATION

Pump Installed?: Indicate yes or no. If no pump was installed, leave the rest of this section blank.
Date Installed: Date of pump installation.
Type: Pump type (e.g. jet pump, submersible).
Make: Manufacturer name.
Model: Manufacturer's model number. If unavailable, indicate pump horsepower.
Maximum Capacity: Maximum capacity of the pump at the installed depth in gallons per minute.
Pump Installation Level: Depth at which the pump was installed, in feet below the top of casing.
Report Date: Date the pump installation section of the completion report form was completed.
Registered Company Name: Name of the registered pump installation company.
DEC Reg No.: NYSDEC registration number.
Certified Pump Installer: Name of the exam-certified pump installer responsible for providing on-site supervision of pump installation activities for the well reported on this form.
Certified Pump Installer Initials: Certified pump installer must initial here.

HYDRAULIC DEVELOPMENT

Date: Date that development was initiated.
Depth to Groundwater: Static water level in feet below land surface.
Depth of Packer: Depth of the packer or zone in feet below land surface.
Maximum Pressure: Maximum pressure.
Minimum Pressure: Minimum pressure.
Water Used: Amount of water used in gallons.
Water Returned: Amount of water returned in gallons.
Notes: Include any appropriate notes.
Certified Technician: Name of the exam-certified individual responsible for providing on-site supervision of hydraulic development activities.
Certified Technician Initials: Certified individual (Certified Well Driller or Certified Pump Installer) must initial here.

WELL LOG

- Record the depth to bedrock in feet below land surface.
- Record the ground elevation in feet above sea level.
- Record the top of casing in feet above or below land surface. Use a plus sign (+) if casing is above land surface; use a negative sign (-) if casing is below land surface.
- Describe the geologic materials encountered during drilling; indicate the depth below land surface of each change in material.
- Describe all bedrock and unconsolidated materials in detail, regardless of the depth to which the well is to be installed.
- For unconsolidated materials, indicate whether silt, sand, clay, gravel, boulders, or mixtures thereof are encountered. Describe the grain size of the unconsolidated material encountered as either clay, fine, medium, or coarse. Indicate density and color of material (e.g., soft, gray clay).
- For bedrock, describe the rock type and color (e.g. black shale, gray limestone).
- Record depth of water bearing strata.
- Record casing (including stick-up), screens, pump, additional drilling tests (e.g., hammer blows), water quality issues (e.g. sulfur, salt, methane), and any other items of interest.
- Describe any repair work. Attach a separate sheet if necessary.

