



**TOWN OF DAY**  
**Code Enforcement Office**

1650 North Shore Rd.  
Hadley, NY 112835  
Phone: (518) 696-3789 ext. 0  
Fax: (518) 696-5391  
www.townofday.com

# WATER WELL CONSTRUCTION APPLICATION FORM

Owner / Applicant Section to be filled out prior to well construction

Applicant: ..... Phone: .....

Mailing Address: .....

Owner: ..... Phone: .....

Mailing Address: .....

Property Location: .....

Town of: ..... Tax Map ID #: - - -

Structure to be served: new home / existing dwelling / multiple / other \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Internal Use Only  
Well Site Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

## Well Drillers Section to be filled out after well construction

Well Drilling Company: .....

Certified Driller Name: ..... DEC Registration Number: .....

*"I hereby affirm that, to the best of my knowledge, the above referenced well was constructed and has met the minimum requirements contained within NYS Public Health Law Appendix 5-B and the Town of Day Building Codes.*

Well Drillers Signature: ..... Date: .....

*\*If not signed, see attached NYS DOH Waiver\**

NYS DEC WATER WELL COMPLETION REPORT ATTACHED Yes  No

*\*Required\**

**\*\*\*RETURN COMPLETED FORM AND REQUIRED WELL COMPLETION REPORT TO\*\*\* TOWN OF DAY Town Hall AT ADDRESS LISTED ABOVE**

Internal Use Only  
Date form returned: ..... Complete: Yes  No

Water Analysis Performed: Yes  No  Date Sampled: .....

Sampler Name: ..... Lab Cert Number: .....

Results: Compliance  Non Compliance

NOTES:

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