



**ROCKLAND COUNTY DEPARTMENT OF HEALTH**  
**INSTRUCTIONS TO COMPLETE**  
**APPLICATION FOR PERMIT TO CONSTRUCT A RESOURCE EVALUATION WELL**

These instructions are intended to assist the applicant with completion of a well construction permit. However, the requirements listed herein are not comprehensive, and do not relieve the applicant of their responsibility for compliance with Article II.

Permits to construct resource evaluation wells may be granted by the Rockland County Commissioner of Health pursuant to the provisions of Article II of the Rockland County Sanitary Code. The attached application form must be completed **in its entirety** in order for the Rockland County Department of Health to consider granting such a permit.

In addition, the following items **must be** submitted with the application:

- A plot/site plan showing topography, indicating the 100-year flood plain elevation; and showing all existing and proposed features such as property lines, easements, structures, streets, driveways, parking areas, dry wells, water supply wells, resource evaluation wells, streams, lakes, watercourses, wetlands, septic systems, sewer lines, gas lines, water lines, gasoline tanks, heating oil tanks, storm sewers and outfalls there from, etc. within 250 feet of any proposed well location indicating distances from the proposed well. Preparation of this plan by a licensed land surveyor is not required. However, the locations of any existing or proposed features that are not included on a plan prepared by a licensed land surveyor must be dimensioned on the plan, and must be verifiable by field inspection;
- A written statement that describes any known or suspected contaminants of concern that could potentially impact ground water, surface water, bedrock, or unconsolidated overburden materials within 250 feet of the proposed well;
- A written proposal that specifies drilling methods, well construction details, and standard operating procedures that include handling and disposition of drilling fluids and cuttings;
- Application fee (see Fee Schedule at [rocklandgov.com/health](http://rocklandgov.com/health)) – check made payable to: Commissioner of Finance.

Parcel identification (Section/Block/Lot) should be entered as it appears on the deed registered with the county clerk.

Both NYSDEC and RCDOH well contractor registration is mandatory for the drilling contractor. An individual who is certified pursuant to Environmental Conservation Law §15-1525 for the activities being performed must be present on site and directly supervise all well construction or pump installation activities. Proof of certification must be maintained on site and available for review at all times.

Note that the **printed name** and **business or corporate title** of the **individual** authorized to sign on behalf of any business or corporation is **required** to complete the application. If the property is under private ownership, the owner(s) must sign the application unless power of attorney has been assigned and an affidavit signifying that such power of attorney is in full effect is attached to the application.

**The property owner is ultimately responsible for the accuracy of this application.** The well drilling permit, if issued, will be automatically rendered null and void if the application is not true and accurate. Therefore, the property owner should sign the application only after thorough review, with all sections completed in their entirety. Furthermore, it shall be the property owner's responsibility to notify RCDOH of any changes affecting either the proposed well or the contractor(s) scheduled to perform the work after the application has been submitted. Permits shall not be transferable to contractors other than those specified, and no changes to well locations, drilling procedures, or well construction details will be allowed without prior review and approval by RCDOH.



**ROCKLAND COUNTY DEPARTMENT OF HEALTH**  
**APPLICATION FOR PERMIT TO CONSTRUCT A RESOURCE EVALUATION WELL**

Phone: (845) 364-2608 Fax: (845) 364-2025

Date: \_\_\_\_\_

RCDOH Application #: \_\_\_\_\_

**Site Information**

Facility / Site Name \_\_\_\_\_ Section / Block / Lot \_\_\_\_\_

Street Address \_\_\_\_\_ Village \_\_\_\_\_ Town \_\_\_\_\_

Any open NYSDEC spills?  No  Yes Spill Number(s): \_\_\_\_\_

Is site under NYSDEC management?  No  Yes Name of Program / Site Identification #: \_\_\_\_\_

Is site under USEPA management?  No  Yes Name of Program / Site Identification #: \_\_\_\_\_

**To be completed by Drilling Contractor**

Business Name \_\_\_\_\_ Mailing Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ FAX Number (\_\_\_\_) \_\_\_\_\_

RCDOH Well Contractor Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_ NYSDEC Registration # \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Proposed Wells (List the number of each type proposed in the spaces below. Provide installation and construction details on attached proposal)**

\_\_\_\_ GW Monitor (Bedrock) \_\_\_\_\_ GW Monitor (Unconsolidated Overburden)

\_\_\_\_ Soil Boring (HAS) \_\_\_\_\_ Direct-Push Soil Sample \_\_\_\_\_ Direct-Push GW Sample

\_\_\_\_ Other: \_\_\_\_\_

\_\_\_\_ Other: \_\_\_\_\_

I do hereby certify that to the best of my knowledge and belief, the information being submitted on and with this application is complete, accurate and true. I understand that completion of this application does not constitute an approved permit to construct a well. I also certify that no well construction activities will be initiated prior to receipt of the approved permit and that all work will be conducted in compliance with the terms specified on said permit or as contained in Article II of the Rockland County Sanitary Code.

Authorized Representative (Print Name / Title) \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**To be completed by Property Owner**  Private Ownership  Business or Corporate Ownership

Owner Name(s) \_\_\_\_\_ Mailing Address \_\_\_\_\_ Telephone Number (\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_ FAX Number (\_\_\_\_) \_\_\_\_\_

**Potential Contaminants of Concern**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Is there currently a water supply well serving this facility?  No  Yes

# of People Served: \_\_\_\_\_ # of Buildings Connected: \_\_\_\_\_ Public water available?  No  Yes Name of Supply: \_\_\_\_\_

Is there currently a connection to a public water supply?  No  Yes Public Water Account Number: \_\_\_\_\_

This property is served by:  Public Sewers  Septic System Proposed Date of Drilling: \_\_\_\_\_

I do hereby certify that to the best of my knowledge and belief, the information being submitted on and with this application is complete, accurate and true. I understand that completion of this application does not constitute an approved permit to construct a well. I also certify that no well construction activities will be initiated prior to receipt of the approved permit and that all work will be conducted in compliance with the terms specified on said permit or as contained in Article II of the Rockland County Sanitary Code. I further certify that the well will be sited and installed, and the water produced therefrom tested and used in compliance with all applicable laws, rules and regulations.

Authorized Representative if Corporate Owner (Print Name / Title) \_\_\_\_\_ Signature (Owner(s) or Authorized Representative) \_\_\_\_\_ Date \_\_\_\_\_