

**GENERAL INFORMATION (Applicant must complete)**

<b>Name of Applicant</b>	Last	First	MI
<b>Address</b>	Street	City/Town	State Zip
<b>Contact Information</b>	Phone:	FAX:	email:
<b>Site Location</b>	Street:	City/Town	County Zip

*The following information is being submitted in support of my application for a specific waiver from compliance with one or more standards of 10NYCRR Appendix 5-B, "Standards for Water Wells".*

- The proposed well cannot meet the standards of 10NYCRR Appendix 5-B for the following reason(s):**
  - Separation distances cannot be achieved (Appendix 5-B, Table 1)
  - Other: Section 5-B \_\_\_\_\_

Explain: \_\_\_\_\_
- Reason(s) why the existing well or water supply needs to be replaced or supplemented:**
  - No or low yield
  - Replace an existing water source (e.g., surface water, dug well, driven point or spring)
  - Damaged
  - Contaminated or poor quality
  - Other: \_\_\_\_\_

Explain: \_\_\_\_\_
- The following protective measure(s) are proposed and/or the following site conditions exist that will mitigate the well's noncompliance with Appendix 5-B Standards:**
  - Deeper well casing and grouting
  - Grading and/or topography
  - Remove or relocate contamination sources
  - Treatment
  - Other (briefly explain): \_\_\_\_\_

**4. Well Installation Agreement**

I, (applicant) \_\_\_\_\_ (type or print) understand that the well system proposed does not meet all standards of 10NYCRR Appendix 5-B, "Standards for Water Wells", and accept the system as proposed. I also understand that I should have the quality of the well water tested prior to use.

\_\_\_\_\_  
Signature Date

I, (Well Driller or PE) \_\_\_\_\_ (type or print) will install or design and inspect a replacement well at the above address that meets all applicable standards of 10NYCRR Appendix 5-B, "Standards for Water Wells", other than the exceptions identified above. I have advised the property owner of these exceptions prior to well installation, and have recommended that the owner have the quality of the well water tested prior to use.

\_\_\_\_\_  
Signature NYSDEC Reg # or PE Lic #

**\*For Health Department use only \***

Based upon the information provided in this application to waive the referenced standards of Appendix 5-B and in accordance with 10NYCRR §§ 75.3 and 75.6 (b), the waiver requested is hereby:

Approved as proposed.  
Approved, with following conditions: \_\_\_\_\_

Not acted on, because additional information is required: \_\_\_\_\_

Denied, because: \_\_\_\_\_

*Note: This waiver may be revoked should any conditions considered before approving this waiver change after approval.*

\_\_\_\_\_  
Health Department Representative Signature Date

## Instructions for Completing the Specific Waiver Application, Individual Replacement Wells

### Applicability:

This Specific Waiver application form is for use by the applicant (property owner) to present information for consideration by the Health Department to approve the *replacement of or supplement to an existing water source* on previously developed property with a new well that does not comply with one or more standards of Appendix 5-B, “Standards for Water Wells”. Examples of when a replacement or additional well may be necessary include but are not limited to: dried up or low yield well, to replace an existing source (surface water, dug well, spring or driven point), the existing well has been damaged or poor water quality. *Before such a well is drilled, a specific waiver must be obtained. If there is an emergency situation that may require the installation of a replacement well on short notice, the applicant shall contact the local Health Department having jurisdiction.*

### Background:

The responsible city, county, or district health office may grant a 10NYCRR Part 75 Specific Waiver from one or more of the standards of 10NYCRR Part 5, Appendix 5-B, “Standards for Water Wells”, only under the following circumstances:

1. Conditions at the particular site make it impractical to comply with these standards;
2. Appropriate protective measures to mitigate noncompliance are applied;
3. The new water supply is an improvement over the existing conditions;
4. The new water supply is not likely to pose a health hazard or create environmental contamination; and
5. Disapproval will result in a significant hardship.

A Specific Waiver **IS NOT** intended as a device for routinely approving individual wells that do not meet state standards. It is intended to provide administrative flexibility to resolve rare cases when hardships exist and/or other circumstances that make it impractical to meet Appendix 5-B standards.

The Specific Waiver application shall provide information and background about the site conditions and detail the proposal so that the Health Department is able to determine whether to approve or deny the application. The Health Department representative may ask for additional information to be submitted to make that determination.

### General Information

Provide the applicant’s current mailing address and contact information. Also provide the address of the property the specific waiver is being applied for, even if it is the same as the mailing address.

### Reasons for Noncompliance

Check the applicable reasons(s) for which the waiver is requested. If not already listed, include the specific standard in the space provided and provide a brief explanation (e.g., the well will be 80 –feet from the onsite wastewater treatment system). More detailed information can be attached as needed to detail the proposal and/or document hardship.

### Reason(s) for the new or supplemental well

Provide any additional information to identify the reason(s) for the new well and supporting information explaining the hardship or circumstances that require the installation of a new well. More information may be required by the Health Department representative depending on the complexity of the site conditions. To obtain a waiver, an applicant must demonstrate that the water supply proposal is acceptable and is not likely to pose a health hazard. The following are some examples of supporting information:

*Explanation with a Site Plan* showing property lines and the location of onsite and neighboring offsite (if applicable) sources of contamination, site topography, drainage features and any pertinent physical features which may effect the water supply. Appendix 5-B, Table 1, lists required separation distances from a number of contaminant sources.

*Known and/or expected groundwater and site conditions* such as: water table depth, nearby surface waters, geology, water quality, well yield, etc. Information may be submitted based upon surrounding (existing) well conditions or actual onsite tests.

### Protective Measures/Site Conditions

Check all applicable additional protective measure(s) proposed and/or existing site conditions that will mitigate the well’s noncompliance with Appendix 5-B standards. Any other protective measures can be listed after “other” in the space provided. Provide a brief description on the application form (e.g., the well is 300-feet deep with 60-feet of casing and grouted the entire length of the casing). Detailed explanations can be attached to the application.

### Well Installation Agreement - Acknowledgement of Risks

The applicant (property owner) and the well driller, or in some cases the design engineer, are required to sign the Specific Waiver application and acknowledge the risks that may be associated with the proposed water supply to serve the property. Depending upon the complexity of the site, a NYS Professional Engineer (P.E.) may be required by the Health Department to submit supporting information.

### Health Department Representative Response

The Health Department representative will approve; approve with conditions; not act and request additional supporting documentation; or deny the Specific Waiver application. The determination will be sent to the applicant and a copy of the determination and all information submitted with the application will be retained.