



CITY OF NEW YORK
DEPARTMENT OF HEALTH
& MENTAL HYGIENE

OFFICE OF PUBLIC HEALTH ENGINEERING
22 CORTLANDT STREET, 28FL, CN56,
NEW YORK, NY 10007

WELL WATER QUESTIONNAIRE

Name: _____ Date: _____

Address: _____ Tel. #: _____

For what purposes is the well water to be used? _____

Type of Business: _____

Depth of well: _____ ft. Length of well screen: _____

Diameter of well pipe: _____

Size of pump: _____ gallons per minute: _____ horsepower: _____

Answer YES of NO to the following questions (All questions must be answered.)

1. Is well located at least 100 feet from any private sewage disposal system? _____

2. Is there a 2 foot by 2 foot by 4 inch thick concrete apron around well casing? _____

3. Is a sampling tap provided to permit the taking of a raw well water sample? _____

4. Is there a check valve on discharge side of well pump? _____

5. Is well piping completely separated from building plumbing and municipal water supply?

6. For non-potable use, is there a sign on each tap and outlet connected to the well stating
“DANGER-Well Water-Not to be used for Drinking of Domestic Purposes”? _____

7. For potable use, please contact this office at (212)313-6863 for supplemental information.

Signature of Owner: _____