



## Instructions for Applying for Health Department Well Water Permit

This permit is required for the installation, drilling, replacement or operation of a water well, water well pump or well pumping equipment used to supply water to buildings in New York City. There are two types of Well Categories: Potable (drinking) and Non-Potable (not for drinking) Wells. One application is used for both types of permits.

Non-Potable Water Well permit application fee: \$300

Non-Potable Water Well permit renewal fee: \$15

Potable Water Well permit application fee: \$1,090

Potable Water Well permit renewal fee: \$340

*You may apply online or in person.*

### **Apply On-Line**

1. Go to [www.nyc.gov/healthpermits](http://www.nyc.gov/healthpermits), select the permit for which you are applying and review the prerequisites and required supporting documents.
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Documents* and *the Checklist for Required Documentation* below).
3. Create electronic versions of your supporting documents
4. Select Apply Online and you will register an account with the NYC Online Licensing system.
5. Complete the required information online, upload your supporting documents and submit payment.
6. Payment accepted: Credit/Debit Cards only.

### **Apply In Person**

1. Obtain an application packet by:
  - a. Calling 311 and asking for *Apply for a Water Well* permit.
  - b. Download application forms and instructions from [www.nyc.gov/healthpermits](http://www.nyc.gov/healthpermits).
2. Gather all supporting documentation that must be submitted along with the application (see *Supporting Documents* and *the Checklist for Required Documentation* below).
3. Complete the Application for a Permit form and the Supplemental Forms.
4. Submit the Application form, Supplemental Forms, and all supporting documents, along with payment, to:

DCA Licensing Center  
42 Broadway  
Manhattan  
Hours: M, Tu, Th, Fr: 9 am – 5 pm; We: 8:30 – 5 pm
5. Payment Accepted: Money Order, Credit/Debit Cards, Checks (no cash accepted)

***Read the following sections thoroughly.***



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### A. Important Information – *Read the Following Before You Apply for a Permit*

- **Before you begin the application process, please call the DOHMH Office of Public Health Engineering at (347) 396-6001 to receive guidance on how to submit your supplemental documents and plans.**
- Relevant Health Code Sections  
<http://www.nyc.gov/html/doh/html/about/health-code.shtml>
- New York State Department of Environmental Conservation  
<http://www.dec.ny.gov/lands/4997.html>
- New York State DEC Long Island Well Info (Kings/Queens Counties)  
[http://www.dec.ny.gov/docs/permits\\_ej\\_operations\\_pdf/liwells.pdf](http://www.dec.ny.gov/docs/permits_ej_operations_pdf/liwells.pdf)
- NYS DEC Permit Information  
<http://www.dec.ny.gov/permits/6228.html>
- NYC Building Permit Information  
[http://www.nyc.gov/html/dob/html/development/applications\\_and\\_permits.shtml](http://www.nyc.gov/html/dob/html/development/applications_and_permits.shtml)
- DEP Letter of Approval Procedures  
[http://home2.nyc.gov/html/dep/pdf/water\\_sewer/wqca\\_instructions.pdf](http://home2.nyc.gov/html/dep/pdf/water_sewer/wqca_instructions.pdf)
- Subpart 5 – NYS sanitary Code for Water Systems  
<http://www.health.ny.gov/environmental/water/drinking/regulations/>

### B. Supporting Documents

1. Form to be completed and submitted with application: **Form PHE 78**
2. Applicants for potable wells (water for drinking purposes) must establish that the municipal water supply is not accessible. Applicants must also demonstrate that the water quality of the proposed well will meet the standards as outlined in Subpart 5-1 of the New York State Sanitary Code.
3. New proposed well applicants for potable permit must submit an assessment of the proposed site created by a licensed architect or engineer. The assessment should include: the past land use of the area, and any potential sources of groundwater contamination that may migrate into the well point's cone of depression such as gas stations, chemical plants, landfills, transfer stations, etc.
4. New proposed well applicants must also submit a map/plan of the property, showing the location of any buildings, proposed well site, property boundaries, and any potential sources of pollution (fuel or septic tanks, solid waste, salt storage, etc.) within 100 feet of the well. A licensed architect or engineer must draft this map/plan if applying for a potable well permit. Three copies of engineering plan by NYS licensed engineer or architect, including engineering specification, manufacture, calculation etc.
5. Applicants for Non-Potable wells (water for purposes other than drinking) must receive a Letter of Approval for Groundwater Discharge to Sanitary or Combined Sewer from the Department of Environment Protection. Please use the appropriate form available in the Links section above.
6. No person shall drill, construct or abandon a well without first registering the well with the New York State Department of Environmental Conservation pursuant to New York State Environmental Conservation Law 15-1525.
7. A letter of approval from DEP for cross connection device installation.

### C. Attachments:

- PHE Form 78 – Form attached

NOTE: Submission of all of the documents required for permit approval at the time of application is not



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required for DOHMH to initiate its review of your application. If you have any questions about the documents and application requirements listed above, please contact the DOHMH Office of Public Health Engineering (PHE) at 347-396-6001.



# Instructions for Applying for Health Department Well Water Permit

## Instructions for Completing a Standard Application Form

New York City Health Code, Section 3.19 states: “No person shall make a false, untrue or misleading statement or forge the signature of another on a certificate, application, registration, report, or other document required to be prepared pursuant to this Code. No person shall make a false, untrue or misleading oral statement to the Department as to any matter investigated by the Department.”

*NOTE: Any form with alterations, corrections, whiteout, etc., will not be accepted.*

Complete all sections of the application. If completing it by hand, please use ink and print in **CAPITAL LETTERS**.

**1. License or Permit Name**

- Enter the name of the permit or license you want to obtain. Example: Radiological Equipment Permit

**2. Section A**

- Enter the individual owner's name, or all partners' names or corporation name in the box labeled “Name of Corporation, partnership or individual owner” (the permit will be issued to the corporation, partnership or person named here)
- Enter the name of the establishment in the space labeled “Trade Name/DBA”
- Provide the address where the establishment will be located. Please include in the space labeled “Premises Location” the floor, booth number, or store number where the establishment is to be located.
- Enter the establishment's telephone, fax and the email address (if any). All correspondence sent by email will be sent to this address.
- Provide your date of birth, if applying as an individual

**3. Section B**

- Enter the date you expect to start operating.

**4. Section C**

- Enter your New York State Tax Authority ID #. Not-for-Profit applicants should enter their Federal EIN. If applying as an individual, also enter your SSN. If you do not have a Social Security number, you may use an Individual Tax Identification Number (ITIN)

**5. Section D**

- Enter the mailing address if it is different from where the establishment is going to be located. All correspondence sent by mail will be sent to this address.

**6. Section E**

- Enter the name, home address, zip code, phone number, email address and title of the owner/all partners in the business/all principal officers in the corporation

**7. Section F**

- All applicants must complete the Workers' Compensation and Disability Insurance information requested and provide copies of proof of current insurance or form CE-200 stamped by the Worker's Compensation Board, indicating the Board received a sworn affidavit stating that such coverage is not required. An application for a permit will not be accepted without this information and proof

**8. Signature**

- Sign the application.
  - *Note: the person who signs the Application must be named in Section E.*
- Enter the title and telephone number of the person who signed the Application for Permit
- Indicate whether the applicant is 18 years of age or older.
  - *Note: applicants must be older than 18 years of age.*



## Instructions for Applying for Health Department Well Water Permit

**Checklist of Required Documentation for All New Permit Applications** (check individual permit guidelines for additional permit-specific required documentation)

<b>Items Needed</b>  <i>Be sure the applicant's name is the same on all documents. See "Instructions for Completing an Application" for more details.</i>	<b>Legal Business Structure</b>		
	Individual	Partnership	Corporation or LLC
<b>Permit Application</b> <ul style="list-style-type: none"> <li>All applicable sections completed</li> <li>Signed by applicant (example: owner, officer, director or shareholder)</li> </ul>	✓	✓	✓
<b>Permit Fee</b> <ul style="list-style-type: none"> <li>See list of permit fees</li> <li>Credit card, money order or check payable to "DOHMH"</li> <li>Not-for-profits: no fee if proof of status is submitted (see below)</li> </ul>	✓	✓	✓
<b>Proof of Home Address</b> (one of the following) <ul style="list-style-type: none"> <li>Valid driver's license or non-driver ID</li> <li>Current lease or mortgage statement</li> <li>Utility bill, bank or credit card statement dated within the last 90 days</li> <li>"Affidavit of Home Address" form, completed by a person living with applicant and a recent utility bill or lease in that individual's name</li> </ul>	✓	✓ (needed for partnership of individuals only)	
<b>Photo Identification</b> One government-issued ID with photo, such as: <ul style="list-style-type: none"> <li>Driver's license or non-driver ID</li> <li>Alien Registration Card or Naturalization Certificate</li> <li>U.S. or foreign passport</li> </ul>	✓	✓	✓
<b>Proof of Sales Tax Collecting Authority</b> <ul style="list-style-type: none"> <li>Valid original NYS Certificate of Sales Tax Authority</li> </ul> <i>Obtain at <a href="http://www.nys-opal.com">http://www.nys-opal.com</a>. Complete Form DTF-17 on-line or mail it to New York State Tax Department, Sales Tax Registration Unit, W A Harriman Campus, Albany, New York 12227. Takes 4-6 weeks.</i>	✓	✓	✓
<b>Proof of Incorporation</b> <ul style="list-style-type: none"> <li>Certificate of Incorporation (stamped to show it was filed with the New York State Department of State) or Filing Receipt issued by the NYS Secretary of State.</li> </ul> <i>If located outside of New York State, obtain "Certificate of Good Standing" from your Secretary of State and file with application for "Authority to Conduct Business in New York State" with NYS Department of State. You must then present this "Authority" issued by the NYS Department of State when you apply for this permit.</i>		✓ (needed for partnership of corporations or LLCs only)	✓
<b>Workers' Compensation &amp; Disability Insurance Coverage</b> <ul style="list-style-type: none"> <li>Submit proof of coverage effective when the establishment begins operation, including insurer's name, policy number, and expiration date. If such coverage is NOT required, submit Certificate of Attestation of Exemption (Form CE-200) from the NYS Workers' Compensation Board showing the applicant's Exemption Number and the date issued. See <a href="http://www.wcb.ny.gov">http://www.wcb.ny.gov</a>.</li> <li>List DOHMH as the certificate holder (<b>not</b> the policy holder)</li> </ul>	✓	✓	✓
<b>Payment of Outstanding Fines for DOHMH Violations</b> (if any) <ul style="list-style-type: none"> <li>Certified check, credit card or money order payable to "OATH Health Tribunal" (in person payment) or pay online with credit or debit card</li> </ul>	✓	✓	✓
<b>Proof of Not-for-Profit Status</b> (if applicable)* <ul style="list-style-type: none"> <li>Letter from the IRS stating not-for-profit status*</li> </ul>		✓	✓
<b>Power of Attorney or Authority to Act Affidavit</b> (if applicable) <ul style="list-style-type: none"> <li>If someone else will turn in the application for you</li> </ul>	✓	✓	✓