NEW YORK STATE DEPARTMENT OF HEALTH **Bureau of Water Supply Protection**

Specific Waiver Application Residential On-Site Water Supply Systems-New or Replacement

	TELEPHO	ONE #, EMAIL	
Address	TOWN, VILLAGE, CITY	COUNTY	ZIP
site Location	IOWN, VILLAGE, CITI	COUNT	211
STREET	TOWN, VILLAGE, CITY	COUNTY	ZIP
This information is submitted in support of the a or Water Wells" for a: New Well	pplication for specific waiver from compliance with	one or more standards of 10N\	YCRR, Appendix 5-B, "Standards
Replacement Well			
The proposed well cannot meet the standards Separation distance cannot be achieved (! Casing length is less than 20 feet (Section □ Other: Section 5-B	Section 5-B.2, Table 1). 15-B.3(b)(4)(ii))		
 The following measures are proposed and/or something Deeper well casing and grouting Grading/topography Remove or relocate source of contaminati Existing site conditions are protective of t Treatment Other 		ce:	
such as poor water quality, low yield, source s	tion for specific waiver from provisions of Appendix usceptible to contamination, damage to well or app s, and water test report and any other information t	urtenances, or contamination.	
ITYPE OR PRINT NAME	(Applicant) understand that the water sup 10NYCRR Appendix 5-B "Standards for W that the well water should be tested for qu	ater Wells," and accept the syst	tem as proposed. I understand
SIGNATURE	DATE		
ITYPE OR PRINT NAME	(Professional Engineer, Registered Archite necessary because it is not practical to corfor Water Wells," on this property. In my site and/or proposed protective measures acceptable degree of protection intended recommend that the well water will be test	mply with the standards of 10N professional opinion, existing h for the well described in this a by the standards of Appendix 5	YCRR, Appendix 5-B, "Standard hydrogeologic conditions at the pplication will provide an 5-B. I also acknowledge and
	necessary because it is not practical to cor for Water Wells," on this property. In my p site and/or proposed protective measures acceptable degree of protection intended recommend that the well water will be tes	mply with the standards of 10N professional opinion, existing h for the well described in this a by the standards of Appendix 5 sted for quality prior to occupan	YCRR, Appendix 5-B, "Standard hydrogeologic conditions at the pplication will provide an 5-B. I also acknowledge and
For Health Department Use Only Based upon the information provided in this and 75.6(b), the waiver requested is hereby: Approved: Install as proposed Approved: Install with the following of	necessary because it is not practical to cor for Water Wells," on this property. In my p site and/or proposed protective measures acceptable degree of protection intended recommend that the well water will be tes	mply with the standards of 10N professional opinion, existing h for the well described in this a by the standards of Appendix 5 sted for quality prior to occupan	YCRR, Appendix 5-B, "Standard hydrogeologic conditions at the pplication will provide an 6-B. I also acknowledge and ncy. NYSDEC REGISTERED DRILLER # with 10NYCRR Section 75.3
For Health Department Use Only Based upon the information provided in this and 75.6(b), the waiver requested is hereby: Approved: Install as proposed Approved: Install with the following of Denied, for the following reasons:	necessary because it is not practical to cor for Water Wells," on this property. In my posite and/or proposed protective measures acceptable degree of protection intended recommend that the well water will be tes	mply with the standards of 10N professional opinion, existing h for the well described in this a by the standards of Appendix 5 sted for quality prior to occupan	YCRR, Appendix 5-B, "Standard hydrogeologic conditions at the pplication will provide an 6-B. I also acknowledge and ncy. NYSDEC REGISTERED DRILLER # with 10NYCRR Section 75.3

Completing the Specific Waiver Application: Individual Water Supplies

Applicability

This Specific Waiver application form is intended for an applicant (property owner) to present information for consideration by the Health Department having jurisdiction to approve a new *or* replacement residential onsite water supply that does not comply with one or more standards of Appendix 5-B, "Standards for Water Wells". For a new well the proposal must be submitted by a P.E. For replacement wells, the proposal can be provided by a NYSDEC Registered Driller. However, a P.E. may be required at the Health Department's discretion.

*Before a well is drilled that does not meet standards, a specific waiver must be obtained. If there is an emergency situation that may require the installation of a replacement well on short notice, contact the local Health Department having jurisdiction.

Background

The responsible city, county, or district health official may grant a Specific Waiver in accordance with 10NYCRR Part 75 from a provision of Appendix 5-B when all of the following circumstances apply:

- 1. Conditions at the particular site make it impractical to comply with these standards.
- 2. Disapproval will result in a hardship.
- 3. The well will not create a health hazard.
- 4. Appropriate protective measures exist or are applied to mitigate nonconformance.

A specific waiver is NOT required for wells that are otherwise subject to DOH or LHD approvals (such as realty subdivisions) or permits. However, standards not met for such systems should be detailed on the approved plans and/or in the permit issued. A Specific Waiver is NOT intended as a device for routinely approving residential wells that do not meet State standards. It is intended to provide administrative flexibility to resolve individual cases when hardships and/or other circumstances exist that make it impractical to meet applicable standards, using the following guidelines. 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 a 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 90-feet from the onsite wastewater treatment system). More detailed information can be attached as needed to detail the proposal and/or document hardship.

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.

Supporting Information

Any additional information can be listed after "other" in the space provided. Include additional information on a separate sheet. The amount and or detail of information required by the Health Department representative may depend on the complexity of the site conditions. To obtain a specific waiver, the applicant must demonstrate that the water supply proposed is acceptable and is not likely to pose a health hazard.

Detailed Site Plan contents may include some or all of the following: surveyed plat, accurate location of onsite and neighboring offsite (if applicable) sources of contamination site topography, drainage features and any pertinent physical features. Appendix 5-B, Table 1, lists required separation distances from a number of contaminant sources.

Hydrogeologic Evaluation contents may include some or all of the following: water table depth, groundwater flow direction, nearby surface waters, site geology, aquifer characteristics, water quality data, well yield, etc. Information may be submitted based upon surrounding (known) well conditions or actual onsite tests.

Acknowledgement of Risks

The applicant (property owner) and a P.E. or NYSDEC Registered Driller (for some replacement wells) are required to sign the Specific Waiver application and acknowledge the risks that may be associated with the water supply to serve the property.

A NYSDEC Well Completion Report is required by the Environmental Conservation Law (ECL) to be completed and submitted to NYSDEC and the property owner. If a waiver is issued, a copy of this Report shall be submitted to the Health Department.

Health Department Representative Response

The Health Department representative will approve; approve with conditions; 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.