

APPLICATION FOR INDIVIDUAL WATER WELL INSTALLATION

TOWN OF WAYLAND
CODE OFFICE
110 N. MAIN STREET
WAYLAND, NY 14572
Phone: 585-728-2467
Fax: 585-728-9161

PROJECT SITE:

TAX MAP:

Town:

Address:

Name of Owner:

Phone #

Name of Well Driller:

Phone #

Name and address permit will be mailed to:

New Well: Must be 100Ft from Sewer System

YES { } NO { }

Individual Lot: Lot Size:

YES { } NO { }

Water Supply: PUBLIC { } PRIVATE { }

Developed: YES { } NO { }

Are there any existing wells within 200 feet of the area proposed for sewage treatment? YES { } NO { }

Fees: Permit for Well \$.00

Name of Applicant: _____ Date: _____

Signature of Applicant: _____

Code Officer _____

