



**NEW YORK CITY DEPARTMENT OF
HEALTH AND MENTAL HYGIENE**
Bureau of Environmental Sciences and Engineering
Office of Public Health Engineering
42-09 28th Street, CN #56
Queens, NY 11101

**WELL WATER QUESTIONNAIRE
(NON-POTABLE)**

Name: _____ Date: _____

Address: _____ Phone #: _____

For what purposes is 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 or 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. 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*"? _____

Signature of Owner _____