

**PUTNAM COUNTY DEPARTMENT OF HEALTH
DIVISION OF ENVIRONMENTAL HEALTH SERVICES**

APPLICATION TO CONSTRUCT A WATER WELL

Please print or type

PCHD Permit # _____

Well Location:	Street Address:	Town/Village:	Tax Map #: Map____ Block____ Lot(s)_____
Well Owner:	Name:	Address:	Phone #:
Use of Well: 1- Primary 2- Secondary	<input type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Supply <input type="checkbox"/> Farm <input type="checkbox"/> Institutional	<input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Monitoring
Amount of Use	Yield Sought: _____ gpm	# People Served: _____	Est. Daily Usage: _____ gal
Reason For Drilling	<input type="checkbox"/> Replace Existing Supply <input type="checkbox"/> New Supply (new dwelling)	<input type="checkbox"/> Test/Observation <input type="checkbox"/> Deepen Existing Well	<input type="checkbox"/> Additional Supply
Detailed Reason for Drilling			
Well Type	<input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Gravel <input type="checkbox"/> Other		
Is well site subject to flooding?.....Yes No			
Is well located in a realty subdivision?.....Yes No			
Name of subdivision _____ Lot No. _____			
Water Well Contractor: _____ Address: _____			
Is Public Water Supply available on site?.....Yes No			
Name of Public Water Supply: _____ Town/Village _____			
Distance to property from nearest water main: _____			
Proposed well location & sources of contamination to be provided on separate sheet/plan.			
Date: _____		Applicant Signature: _____	

PERMIT TO CONSTRUCT A WATER WELL

This permit to construct one water well as set forth above, is granted under provisions of Article 10 of the Putnam County Sanitary Code and Subpart 5-2 of Part 5 of the New York State Sanitary Code and provided that within thirty (30) days of the completion of water well construction, the applicant or their designated representative shall: 1) Pump the well until the water is clear. 2) Disinfect the well in accordance with the requirements of the Putnam County Health Department. 3) Submit a Well Completion Report on a form provided by the Putnam County Health Department. 4) The well driller shall abide by all conditions of the permit of the permit. 5) During all well drilling operations the well driller shall take appropriate action to assure that all water and waste products from such well drilling operations be contained on this property and in such a manner as to not degrade or otherwise contaminate surface or groundwater.

Additional Permit Requirements: _____

APPROVED FOR CONSTRUCTION: This approval expires two years from the date issued unless construction of the well has been completed and inspected by the PCDOH and is revocable for cause or may be amended or modified when considered necessary by the Commissioner of Health. Any revision or alteration of the approved plan requires a new permit. Well to be constructed by a water well driller licensed by Putnam County.

Date of Issue: _____ Permit Issuing Official: _____
Date of Expiration: _____ Title: _____

Permit is Non-Transferable