

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

REQUEST FOR FINAL INSPECTION

New Construction Addition Program Repair Program

All information must be fully completed prior to any
Inspections being made.

For : Fill _____

Trench _____

PCHD Construction Permit # _____

Located : _____ (T) (V) _____

Owner / Applicant Name : _____ TM _____ Block _____ Lot _____

Formerly : _____ Subdivision Name : _____

Subdivision Lot # _____

Is system fill completed? _____ Date : _____

Is system complete? _____ Date : _____

Is system constructed as per plans? _____

Is well drilled? _____ Date : _____

Is well located as per plans? _____

Are erosion control measures in place? _____

I certify that the system(s), as listed, at the above premises has been constructed and I have inspected and verified their completion in accordance with the issued PCHD Construction Permit and approved plans and the Standards, Rules and Regulations of the Putnam County Department of Health.

Date : _____ Certified By : _____ PE _____ RA _____

Design Professional

Address : _____ Lic. # _____

Comments : _____

Please email this completed form to Joseph Paravati at Joseph.Paravati@putnamcountyny.gov
and Anthony Fricchione at Anthony.Fricchione@putnamcountyny.gov .