

# PUTNAM COUNTY DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH SERVICES

## APPLICATION TO ABANDON A WATER WELL

please print or type

PCHD PERMIT # \_\_\_\_\_

<b>Well Location:</b>	Street Address: _____	Town/Village _____	Tax Grid # Map      Block      Lot(s)
<b>Well Owner:</b>	Name: _____	Address: _____	
<b>Well Type:</b>	<input type="checkbox"/> Drilled <input type="checkbox"/> Driven <input type="checkbox"/> Dug <input type="checkbox"/> Gravel <input type="checkbox"/> Other		
<b>Depth Data:</b>	Well Depth _____ ft	Static Water Level _____ ft	Date Measured _____
<b>Use of Well:</b>	<input type="checkbox"/> Residential <input type="checkbox"/> Public Supply <input type="checkbox"/> Air/Cond/Heat Pump <input type="checkbox"/> Abandoned <input type="checkbox"/> Business <input type="checkbox"/> Farm <input type="checkbox"/> Test/Observation <input type="checkbox"/> Other (specify) _____ <input type="checkbox"/> Industrial <input type="checkbox"/> Institutional <input type="checkbox"/> Standby		
<b>Water Well Contractor:</b>	Name: _____	Address: _____	
<b>Reason For Abandonment:</b>	_____		
<b>Description of Work To Be Performed:</b>			
Date: _____ Applicant Signature: _____			

### PERMIT

This permit, to abandon one water well as set forth above, is granted under provisions of Article 10 of the Putnam County Sanitary Code, Subpart 5-2 of Part 5 of the New York State Sanitary Code and/or Part 75 of 10 NYCRR and provided that: Within 30 days of the completion of the abandonment of the water well, the applicant shall submit to the Department a certified statement that the information delineated on the application for this permit has been completed.

\_\_\_\_\_  
Date of Issue

\_\_\_\_\_  
Permit Issuing Official

\_\_\_\_\_  
Title

White copy: HD file; Yellow copy - Building Inspector; Pink copy - Owner; Orange copy - Well driller