

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

**APPLICATION TO CONSTRUCT 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>Use of Well:</b>	<input type="checkbox"/> Residential	<input type="checkbox"/> Public Supply	<input type="checkbox"/> Air/Cond/Heat Pump
<b>1-primary</b>	<input type="checkbox"/> Business	<input type="checkbox"/> Farm	<input type="checkbox"/> Test/Monitoring
<b>2-secondary</b>	<input type="checkbox"/> Industrial	<input type="checkbox"/> Institutional	<input type="checkbox"/> Standby
<b>Amount of Use</b>	Yield Sought _____ gpm	# People Served _____	Est. of Daily Usage _____ gal.
<b>Reason for Drilling</b>	<input type="checkbox"/> Replace Existing Supply	<input type="checkbox"/> Test/Observation	<input type="checkbox"/> Additional Supply
	<input type="checkbox"/> New Supply (new dwelling)	<input type="checkbox"/> Deepen Existing Well	
<b>Detailed Reason for Drilling</b>	_____		
<b>Well Type</b>	<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 to 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. During all well drilling operations, the applicant and/or well driller shall take appropriate action to assure that any and all water and waste products from such well drilling operations be contained on this property and in such a manner as not to degrade or otherwise contaminate surface or groundwater.

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

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

Permit Issuing Official: \_\_\_\_\_  
Title: \_\_\_\_\_

**Permit is Non-Transferrable**

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