



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



REQUEST FOR FIELD TESTING

All information must be fully completed prior to any scheduling. **Date:** _____

Engineer or Firm: _____ **Phone #:** _____

New Construction Repair Program Addition Program

Person to Contact: _____

Reason: Deeps Percs Pump Test

Road/Street: _____

Town: _____ **Tax Map #:** _____

Subdivision: _____ **Lot #:** _____

Owner: _____

Project not within NYC Watershed

NYCDEP CRITERIA FOR JOINT REVIEW AND WITNESSING OF SOIL TESTING

YES NO

- Proposed SSTS within the drainage basin of West Branch, Croton Falls, or Boyds Corner reservoirs.
- Proposed SSTS within 500 feet of a reservoir, reservoir stem or control lake.
- Proposed SSTS within 200 feet of a watercourse or a DEC wetland.
- Proposed SSTS design flow greater than 1000 gallons/day or SPDES Permit required.
- Proposed SSTS for a Commercial Project.

It is the responsibility of the design professional to provide the above information prior to soil testing. This Department will determine the NYCDEP project status (Joint or Delegated) based on the response. If you answered yes to any of the questions, NYCDEP must witness the soil tests. This Department will coordinate a mutually suitable time for field testing with the Design Professions and NYCDEP.

If a project has been determined to be Delegated based on the above response and then subsequent information indicates NYCDEP is required to witness the soil tests, it will be the sole responsibility of the design professional to schedule re-witnessing of the soil testing with NYCDEP.

DATE: _____ COMMENTS: _____ _____	FOR COUNTY USE ONLY TIME: _____
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