PUTNAM COUNTY DEPARTMENT OF HEALTH DIVISION OF ENVIRONMENTAL HEALTH SERVICES

REQU	JEST	FOR FIELD TESTING		
All in	forma	ttion must be <u>fully</u> completed prior to any scheduling.	Date :	
□ N	ew Co	onstruction \Box Addition Program \Box Repair	Program	
Firm / Engineer / Contractor :			Phone # :	
Perso	n to C	ontact :		
Reaso	on :	□ Perc □ Deep		
Site A	ddres	s (Road / Street) :		
Town : Tax Map #				
Subdivision :			Lot # :	
Prope	rty Ov	wner :		
	Proje	ect Not Within NYC Watershed		
	NYCI	DEP CRITERIA FOR JOINT REVIEW AND WITNESS	SING OF SOIL TESTING	
YES	NO			
		Proposed SSTS within the drainage basin of West Branch, Croto	on Falls, or Boyds Corner reservoirs.	
		Proposed SSTS within 500 feet of a reservoir, reservoir stem or control lake.		
		Proposed SSTS within 200 feel 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.		
		oonsibility of the design professional to provide the above		

testing. This Department will determine the NYCDEP project status (Joint or Delegated) based on the response. If you answered <u>YES</u> to any of the questions, NYDEP must witness the soil tests. This Department will coordinate a mutually suitable time for field testing with the Design Professional and NYCDEP.

If a project has been determined to 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.

	FOR COUNTY USE ONLY		
DATE :	TIME :		
COMMENTS :			