

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

APPLICATION TO CONSTRUCT A WATER WELL

Please print or type

PCHD Permit # PH-03-22

Well Location	Street Address: <u>825 ROUTE 90</u>	Town/Village: <u>PHILIPSTOWN</u>	Tax Map # Map <u>71</u> Block <u>1</u> Lot(s) <u>13.111</u>
Well Owner:	Name: <u>JOYKI SARDLOU</u>	Address: <u>NYC 10036</u>	Phone # <u>-</u>
Use of Well 1- Primary 2-Secondary	<input checked="" type="checkbox"/> Residential <input type="checkbox"/> Business <input type="checkbox"/> Industrial	<input type="checkbox"/> Public Supply <input type="checkbox"/> Farm <input type="checkbox"/> Institutional	<input type="checkbox"/> Irrigation <input type="checkbox"/> Test/Monitoring
Amount of Use	Yield Sought <u>5</u> gpm	# People Served <u>60</u>	Est. of Daily Usage <u>6000</u> gal.
Reason for Drilling	<input type="checkbox"/> Replace Existing Supply <input checked="" type="checkbox"/> New Supply (new dwelling)	<input type="checkbox"/> Test/Observation <input type="checkbox"/> Deepen Existing Well	<input type="checkbox"/> Additional Supply
Detailed Reason for Drilling	<u>TO PROVIDE A POTABLE WATER SUPPLY TO A NEW RESIDENCE</u>		
Well Type	<input checked="" type="checkbox"/> Drilled	<input type="checkbox"/> Driven	<input type="checkbox"/> Gravel <input type="checkbox"/> Other
Is well site subject to flooding?.....Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Is well located in a realty subdivision?.....Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
Name of subdivision <u>PARCEL A1 OF GLENLYFFE... OPEN SPACE...</u> Lot No. <u>1</u>			
Water Well Contractor: <u>T.B.O.</u> Address: <u>-</u>			
Is Public Water Supply available on site?.....Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
Name of Public Water Supply: <u>NA</u> Town/Village <u>NA</u>			
Distance to property from nearest water main: <u>7.1 mile</u>			
Proposed well location & sources of contamination to be provided on separate sheet/plan.			
Date: <u>02/28/22</u> Applicant Signature: <u>Muguet M. Wherry</u>			

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. 4) The well driller shall abide by all conditions of the permit. 5) During all well drilling operations the 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.

Additional Permit Requirements: _____

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

Date of Issue: 3/11/2022 Permit Issuing Official: Steph II
Date of Expiration: 3/11/2024 Title: APHE
Permit is Non-Transferable

White copy – HD file; Yellow copy – Building Inspector; Pink copy – Owner; Orange copy – Well Driller