

Town of Fallsburg
Building Department
5250 Main Street
South Fallsburg, N.Y. 12779
Telephone: (914) 434-8810

APPLICATION FOR A WELL PERMIT

FEE: \$20.00

PART A: (TO BE COMPLETED BY APPLICANT IN DUPLICATE)

1. Name of Land Owner: _____
2. Address: _____
3. Phone #: _____
4. Location of Work: _____
5. Tax Map #: _____
6. Well Drillers Name & Address: _____
7. Phone #: _____
8. Check All Appropriate Boxes:
 Residential Single Family New Well
 Residential Multiple Residence Deepening Existing Well
 Commercial Replacing Existing Well
9. Attach Two Copies of a Plot Plan Showing Location of Proposed Well with Measurements to Property Lines, Buildings, and Septic Systems.
10. New York State DEC Certification #: _____

PART B: (TO BE COMPLETED BY BUILDING INSPECTOR AND RETURNED TO APPLICANT)

1. Approval Date: _____ Inspector: _____
2. Building Permit No. (If Applicable): _____

PART C: (TO BE COMPLETED BY WELL DRILLER OR APPLICANT & RETURNED TO THE BUILDING DEPARTMENT)

1. Does The Well Conform To Proposed Plot Plan? _____
(If Not, Revise Plan To Show Actual Location & Attach)
2. Provide A Copy of The Well Drillers Log OR Complete The Following:
Casing Diameter _____ Casing Length _____
First Water _____ Well Depth _____
Static Water Level _____ Suggested Pump Depth _____
Total Water Supply At Completion (GPM) _____
Comments: _____

A CERTIFICATE OF OCCUPANCY WILL NOT BE ISSUED UNTIL PART C IS COMPLETED AND RETURNED TO THE BUILDING DEPARTMENT.

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I, as applicant, am familiar with the Municipal and State Codes and Ordinances enforced in the Town of Fallsburg, New York and Hereby agree that the project proposed on this application will conform with such.

Well pump wiring shall be installed in accordance with the National Electric Code, Installers shall have their wiring inspected by an approved Electric Inspector. I further understand that the Town of Fallsburg cannot guarantee that a sufficient water supply will be found.

Applicant or Agent Thereof

Date