

Town of Fallsburg  
Building Department  
P.O. Box 830  
South Fallsburg, N.Y. 12779  
Telephone: (914) 434-8810

APPLICATION FOR A WELL PERMIT

FEF : \$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.  
\* \* \* \* \*

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