845-583-4350 Ext 105 845-583-4710 (F)



## Town of Bethel Building Department PO Box 300, 3454 Route 55 White Lake, NY 12786

## Application for Well Permit

Date:	Bethel Tax Map #:
Name:	Phone Number:
Put Diagram below: (Use measurements)	To be filled out after well is complete:  Casing:
	First Water:
	Total supply of water at completion:
	Depth of Well:
	Static Water Level:
	Suggested depth for pump:
	Comments:
Driller:	
enforced in the Town of Bethel, I application will conform with such	all the Municipal, Building, Dwelling Laws and Codes and Ordinances New York and hereby agree that the project proposed on this ch. Well pump wiring shall be installed in accordance with the s shall have their wiring inspected by an approved Electrical Inspector
Signature of Applicant or Agent	_
*********	**************
For Office Use Only:	
Fee: \$50.00 Approved:	Date of Permit: Rejected: