## HEALTH DEPARTMENT REQUIREMENTS

## WHEN BUILDING ON INDIVIDUAL WELLS AND/OR SEPTIC SYSTEMS

The following checklist is provided to help eliminate delays in Health Department issuance of building or Use and Occupancy permits. If all pertinent items have been addressed, the Health Department your permit should be issued.

Property address:	
Building Permit #:	
Health Department File #'s:	
FOR BUILDING PERMIT ISSUANCE:	
Has well been drilled and was well co Department?	mpletion report submitted to and approved by the Health
☐ If well was drilled as a test well, has well to production well? Well fee mu	s a request been submitted to convert the well from test ast be paid.
* * *	submitted to and approved by the Health Department? T system and/or pump required from Permits and
FOR USE AND OCCUPANCY:	
<ul> <li>☐ Has the septic final inspection been of</li> <li>☐ If BAT, did Permits and Inspect BAT system and/or pump?</li> </ul>	completed? ions complete the electric component inspection of the
· · · · · · · · · · · · · · · · · · ·	on submitted from the manufacturer to our office?
☐ Has the well final inspection been co	mpleted?
<ul><li>Were water samples collected by a co</li><li>Bacteria, nitrates, sand, turbio</li></ul>	±
<ul> <li>Did a certified water testing laborator</li> <li>Health Department? See note below</li> </ul>	ry analyze the samples and submit them directly to the
Where installation of a water treatment of	<u>levice is required</u> :
<ul> <li>Has the appropriate Health Department recorded at Land Records before inst</li> </ul>	ent Permanent Deviation paperwork been completed and alling the device?
☐ Was application made for a plumbing the device and was the device inspec	g (WO) permit at Permits & Inspections <u>before</u> installing ted by their office?
Information required for all Health De	partment water sample submissions:
Date and time collected	Well tag number
Date and time received by lab	Lab certification number and lab name
Name of State Certified Water Sample	• • • • • • • • • • • • • • • • • • • •
Property Address Sample location	Indication of whether water system is treated or not Visual assessment of well & style of well cap

<sup>\*</sup>Any lab reports with missing or incorrect information will not be accepted.