

**TOWN OF SHELTER ISLAND**  
**38 North Ferry Road, P.O. Box 970**  
**Shelter Island**  
**New York 11964**

**J. Chris Tehan: Senior Building Inspector**  
**Reed Karen: Building Inspector**  
**www.shelterislandtown.**

**Tel. (631) 749-0772**  
**Fax. 631) 749-9305**



**WELL REGISTRY APPLICATION INSTRUCTIONS**

- 1) Application must be completed and submitted to the Building Department in both paper and digital form.**
- 2) Indicate location of existing (if applicable) and proposed new well location. Description of proposed work.**
- 3) Copy of Suffolk County Department of Health Permit (if applicable).**
- 4) All inspections by Suffolk County Department of Health. It is the applicant's responsibility to file, get approvals and inspections, if needed or required by SCDH.**
- 5) Note: All well locations proposed off site from the premises in which it services, shall require approvals from the property Owner in which the well is to be located and SCDH variance. Please contact the Superintendent of Highways for "OFF SITE WELL PROCEDURE" requirements for property Owned by the Town of Shelter Island.**



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**APPLICATION FOR WELL REGISTRY**

Owner.....  
(If corporation list Owner (s) name)

Address..... Phone#.....

Email address:..... Cell Phone #.....

Location of premises on which work will be performed:

District/Section/Block/Lot..... Zone.....

Street address.....

Description of work to be performed.....

.....

.....

Type of Use: Residential..... Commercial..... Combination.....

Application is hereby made to the Building Department for the issuance of a registry pursuant to the Building Ordinance of the Town of Shelter Island, County of Suffolk, New York and all other applicable laws, ordinances, or regulations. The applicant agrees to comply with all applicable laws, ordinances, and regulations.

Signature of applicant.....

Date.....

Application #.....

Registry #.....

**\*\*Attach Well Driller Contractor Certification Form With This Application\*\***



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**LICENSED WELL DRILLER CONTRACTOR REPORT (to be filled out by WELL DRILLER)**

Company.....

Contact Person.....Phone #.....

Contractor's address.....

Property Owner Name.....Phone #.....

Address of property where work is to be performed.....

Description of work to be performed.....

.....

.....

Is this new well replacing an existing well? Yes or No

Reason for well replacement?.....

.....

Is this new well in addition to another well on the property? Yes or No

If "Yes" why is a second well proposed?.....

Is this new well on the applicant's property? Yes or No

If "No" see further instructions for "Off Site Well Procedures" in the Town of Shelter Island. Resolution #494

Attach copy of SCDH Permit (if required) showing location.

Attach copy of certification Long Island Well Completion Report.

Licensed well driller contractor confirms this report meets Town, County and State Codes requirements for all repairs, upgrades, replacements and new systems.

Well Driller License #.....Electrical License #.....

Well Driller Contractor Signature.....Date.....