

Pomperaug District Department of Health
77 Main Street North
Suite 205 Playhouse Corner
Southbury, CT 06488
(203)264-9616

Rec #	_____
Date	_____
\$ Amount	_____
Rec'd By	_____

PUMP INSTALLATION PERMIT

PLEASE PRINT - All Applications Must Be Complete For Proper Processing

LOCATION OF WELL

Lot / Street # _____ Street _____ Town _____

Owner Name _____

Owner Address _____

Job type: New _____ Repair _____

<u>WELL</u>	<u>PUMP</u>	<u>TANK</u>
Type _____	Type _____	Type _____
Depth _____	Make _____	Make _____
GPM _____	Model _____	Model _____
Static Level _____	HP Rating _____	Capacity _____ GAL
Casing length _____	Test Pres _____ PSI	Test Pres _____ PSI
Vented: Yes _____ No _____	Working Pres _____ PSI	Working Pres _____ PSI
If yes, where? _____	Capacity _____ GPM	
	Pump Depth _____	
Was well disinfected per Public Health Code Section 19-13-B51K(c)? Yes _____ No _____		
Type Chlorine _____	Amount Chlorine _____	
Pipe:		
Type Pipe Installed _____	Length _____	Size _____

Please Print:

Applicant _____ License No. _____

Company Name _____ Phone _____

Address _____

Street

Town Zip

Applicant's Signature _____ Date _____

Fee: \$20.00

Revised 7/1/2016

