



Pomperaug District Department of Health

77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
(203)264-9616 • Woodbury (203)266-4785 • Oxford (203)888-2543x3005
Fax (203)262-1960 • www.pddh.org

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 _____ <u>GAL</u>
Casing length _____	Test Pres _____ <u>PSI</u>	Test Pres _____ <u>PSI</u>
Vented: Yes _____ No _____	Working Pres _____ <u>PSI</u>	Working Pres _____
<u>PSI</u>	Capacity _____ <u>GPM</u>	
If yes, where? _____	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 7/1/2019