



Housatonic Valley Health District Application for Installation/Recording of Groundwater Monitoring Wells

Town: _____ Date: _____

Applicant: _____ Phone: _____

Address: _____

Street

Town

Zip Code

Name of Project or Subdivision: _____

Address of Project: _____

Number of Test Wells Required: _____

Type of Project (Commercial, Residential, etc.): _____

Seasonal Period of Testing: _____

Engineer of Record: _____

Address of Engineer: _____ Phone: _____

Signature of Owner or Agent

Date

HEALTH DISTRICT USE ONLY:

Total # of test wells _____ Test well # _____

Groundwater monitoring period: _____

Sanitarian _____

FOR OFFICE USE ONLY:

Rec # _____

Date _____

\$ Amount _____

Rec'd By _____