



Housatonic Valley Health District 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 Types: New _____ Repair _____

Well	Pump	Tank
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
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 Name: _____ License No. _____

Company Name: _____ Phone _____

Address _____
Street Town Zip Code

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY: