



Fee Per Lot: \$500

# 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 Number of Engineer: \_\_\_\_\_

\_\_\_\_\_

### FOR DISTRICT USE ONLY:

<input type="checkbox"/> Credit Card	Date Paid _____	\$ Amount _____	Rec'd by _____
<input type="checkbox"/> Check# _____			

Total # of test wells \_\_\_\_\_ Test well # \_\_\_\_\_

Groundwater monitoring period: \_\_\_\_\_

Sanitarian \_\_\_\_\_