



# Housatonic Valley Health District Pump Installation Permit

All Applications Must Be Complete for Proper Processing  
Fee: \$20.00 *Must be made payable to HVHD*

**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 <input type="checkbox"/> No <input type="checkbox"/>	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

Email: \_\_\_\_\_

Applicant or Agent's Signature \_\_\_\_\_ Date \_\_\_\_\_

**FOR DISTRICT USE ONLY:**

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