

Pomperaug District Department of Health
800 Main Street South • Suite 124 • Southbury, Connecticut 06488
Telephone: 264-9616, Woodbury: 266-4785, Oxford: 888-6891
Fax 203 262-1960

Rec # _____
Date _____
\$ Amount _____
Rec'd By _____

APPLICATION FOR THE INSTALLATION AND RECORDING OF GROUNDWATER MONITORING WELLS

TOWN _____ DATE _____

APPLICANT _____

ADDRESS _____ PHONE _____

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

FEE: \$300 per lot, paid in advance of testing season

NOTE: Engineer and/or owner must agree on total number and specific wells to be monitored prior to seasonal testing.

HEALTH DISTRICT USE ONLY:

Total number of test wells _____ Test well numbers _____

Groundwater monitoring period _____

Sanitarian _____

