



Pomperaug District Department of Health

77 Main Street North • Playhouse Corner • Suite 205 • Southbury, CT 06488
(203)264-9616 • Woodbury (203)266-4785 • Oxford (203)888-2543x3005
Fax (203)262-1960 • www.pddh.org

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

APPLICATION FOR INSTALLATION / 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: \$500 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 _____