

Town of Newtown Building Department Application for Pump Permit

Please Fill Out Completely

Address of Job Site _____ Email Address: _____

Owner (First and Last Name) _____
 Address _____ Phone Number _____
 Town/City _____ State _____ Zip _____

Contractor Company Name _____
 Print Name of License Holder _____
 Address _____ Phone Number _____
 Town/City _____ State _____ Zip _____

Class _____ License Number _____ Exp. Date _____

Type of Work (Circle One)

New Construction Repair Other (Please List) _____

Well Data Type _____ Depth _____
 Flow GPM _____ Static Level _____ Casing Depth _____

Pump and Tank Data

Pump	Tank
Type	Type
Make	Make
Model	Model
Capacity	Capacity
HP Rating	

Depth of Pump _____ Is well vented? Yes or No _____ Where _____

Was Well Disinfected Per Public Health Code Section 19-13-351K?

Type of chlorine _____ Amount _____

Type of pipe installed _____ Length _____ Size _____

Est. Cost _____

Signature _____

Date _____

For Office Use Only

Receipt Number _____ Permit Number _____ Date Issued _____

Map _____ Block _____ Lot _____