

**Waterbury Department of Public Health**

Environmental Division  
One Jefferson Square, 3<sup>rd</sup> Floor  
Waterbury, CT 06706  
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**Request for Well Drilling Permits**

**Please Check:**

INSTRUCTIONS:

Potable ( )      Monitoring ( )

Other: Religious Bath/ None Potable

This order form must be accompanied by check or money order for the complete fee. Checks and money orders should be made payable to: **"Waterbury Health Department"**.

|   |  |                                   |                   |
|---|--|-----------------------------------|-------------------|
| Name of Licensed Contractor (First Name, Middle Initial, Last Name) |  | Well Drilling Registration Number |                   |
| Company Name  |  | Telephone Number                  |                   |
| Contact Person  |  |                                   |                   |
| Street Address  |  | City                              | State    Zip Code |
| Signature of Licensed Contractor                                    |  | Date                              |                   |

|                               |  |                       |
|-------------------------------|--|-----------------------|
| Number of Permit(s) Requested | Application Fee = \$50.00<br>Permit Fee = \$100.00 | Total Amount Enclosed |
|                               |  |                       |

|   |
|---|
| Location of Well(s) to be Drilled<br>Attach Plot /Site Plan |
|---|

| Address | Map | Block | Lot |
|---------|-----|-------|-----|
|         |     |       |     |
|         |     |       |     |
|         |     |       |     |

Approved by Director of Public Health (agent)\_\_\_\_\_

Revised 12/2008