

Waterbury Department of Public Health
Environmental Division
Request for Drilling Permits

APPLICATION FEE IS \$50.00. PERMIT FEE \$100.00
MAKE CHECKS OR MONEY ORDERS (NO CASH) PAYABLE TO THE
"WATERBURY HEALTH DEPARTMENT"

Please Check

() Potable () Monitoring () Other: _____

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 Permit Fee = \$ 100.00	Total Amount Enclosed

Location of Well(s) to be drilled
Attach Plot/Site Plan

Address	Map	Block	Lot

Approved by Director of Public Health (Agent): _____