



WELL PUMP INSTALLER'S PERMIT & REPORT

TOWN OF MONROE

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ADDRESS: _____ DATE: _____

PRINT OWNER'S NAME: _____ LOT# _____

PRINT INSTALLER'S NAME: _____

INSTALLER'S ADDRESS: _____

LICENSE # _____ PHONE # _____ CELL # _____

E-MAIL # _____

DEPTH OF WELL _____ FT.— YEILD OF WELL _____ GPM.

DIAMETER OF WELL CASING _____ inches --STATIC HEAD OF WELL _____ FT.

SIZE OF WATER STORAGE TANK INSTALLED _____ GAL.

TYPE OF PUMP INSTALLED _____ DEPTH _____ FT.—SIZE _____ HP

MAKE OF PUMP _____ MODEL _____ STAGE _____

WELL SEAL: TYPE _____ MAKE _____ MODEL _____

IS WELL VENTED? _____ WHERE? _____

TYPE OF PIPE _____ DEPTH _____ SIZE _____

WAS WELL DISINFECTED AS PRESCRIBED BY THE PUBLIC HEALTH CODE? _____

WHAT DISINFECTION PROCESS WAS USED? _____

TYPE AND AMOUNT OF CHLORINE USED? _____

SIGNATURE OF INSTALLER

ATTESTING THAT THE WELL CASING AND MOTOR ARE BONDED ELECTRICLY IN
ACCORDANCE WITH THE CONNECTICUT STATE & NATIONAL ELECTRICAL CODES

COST OF WORK _____ CASH PAID _____ CHECK # _____

PERMIT FEE _____ STATE FEE _____ RECEIPT # _____