

**TOWN OF MIDDLEBURY**  
**APPLICATION FOR WATER PUMP PERMIT**  
**OFFICE OF THE BUILDING OFFICIAL**

Property Owner \_\_\_\_\_

Address \_\_\_\_\_

Map \_\_\_\_\_ Lot \_\_\_\_\_

Tax Collector \_\_\_\_\_

Name of Installer \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Depth of Well \_\_\_\_\_ Yield of Well \_\_\_\_\_

Diameter of Well \_\_\_\_\_ Static Head of Well \_\_\_\_\_

Size of Well \_\_\_\_\_

Storage Tank \_\_\_\_\_ Gallons \_\_\_\_\_

Model # \_\_\_\_\_

Type Pump Installed \_\_\_\_\_ Depth \_\_\_\_\_

Make of Pump & \_\_\_\_\_

Model # \_\_\_\_\_ Horsepower \_\_\_\_\_

No. of Stages \_\_\_\_\_

in Pump \_\_\_\_\_ Voltage of Motor \_\_\_\_\_

Relief Valve Set At \_\_\_\_\_ psi Working Pressure of Tank \_\_\_\_\_

Wire Size & Rating \_\_\_\_\_ Total Length of Wire \_\_\_\_\_

(From Motor to Service Entrance)

Well Seal Type \_\_\_\_\_ Make \_\_\_\_\_

Model \_\_\_\_\_

Is Well Properly Vented? \_\_\_\_\_ Location \_\_\_\_\_

Type of Pipe Used \_\_\_\_\_ Amount \_\_\_\_\_

Size \_\_\_\_\_

Was the Well disinfected as Prescribed by Section 19-13B51k© of the Public Health Code? \_\_\_\_\_

What type of chlorine was used to disinfect the Well? \_\_\_\_\_

The amount of chlorine used to disinfect the Well: \_\_\_\_\_ (Gals.)

COST OF WORK: \$ \_\_\_\_\_ PERMIT FEE \_\_\_\_\_

\_\_\_\_\_  
Signature of Installer

\_\_\_\_\_  
CT License Number