



Joseph P. Ganim
Mayor

City of Bridgeport
Department of Health & Social Services
Environmental Health

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Dr. Elizabeth Rivera-Rodriguez, DNP, MPH, MSN, RN
Director of Health & Social Services

Sumit Sharma, MPH, MDiv.
Deputy Director of Health & Social Services

Audrey M. Gaines, BS
Deputy Enforcement Officer

Well Permit Application

Fees:

\$150 for New, Irrigation, Geothermal, Repair

\$150 for Abandonment

Payment:

Fee: \$150

Check Number: _____

OFFICE USE

Well Permit Application Date: _____

New _____ Irrigation _____ Geothermal _____ Repair _____ Abandon _____

Location: _____

Type of Building: _____

Owner Name: _____ Phone Number: _____

Owner Address: _____

Well Driller: _____ Phone Number: _____

Well Driller Address: _____

NOTE: All wells will be abandoned according to section 25-128-56 and 25-128-57 of the State of Connecticut Well Drilling Board Regulations. ANY VIOLATIONS OF THIS REGULATION WILL VOID APPROVALS OF WELLS AND SEPTIC SYSTEMS AND MAY RESULT IN THE REVOCATION OF THE CERTIFICATE IF OCCUPANCY (C.O.).

Licensed Well Driller's Signature: _____ License #: _____

Applicant: Please note that once work is completed a copy of the State of Connecticut, Department of Consumer Protection "Well Abandonment –Verification of Work Completed" form shall be submitted to the Bridgeport Health Department, Environmental Health Division, 999 Broad Street, Bridgeport, CT 06604.