



BRISTOL-BURLINGTON HEALTH DISTRICT
240 Stafford Avenue, Bristol, Connecticut 06010-4617
Tel. (860) 584-7682 • Fax (860) 584-3814 • www.bbhd.org



PERMIT APPROVAL WATER SUPPLY (RESIDENTIAL)

Approval is hereby given to _____
(Owner)

(Town)

(Bedrooms)

(Construction Permit No.)

The private water supply well location and water analysis supplied to the BBHD is approved in accordance with the CT Public Health Code Section: 19-13-B51d and 19-13-B101(a)-(d).

Issued by: (Director of Health or Registered Sanitarian) _____ (Title)

Issuance date

SPECIAL REQUIREMENTS, RESTRICTION OR EXCEPTIONS: _____

Four horizontal grey bars for special requirements, restrictions, or exceptions.

Revised: 10/13/2010

Revised: 02/06/06 (#32)