

WELL WATER SUPPLY APPLICATION

FEE: \$100.00

Please attach a plan to scale showing the location of the proposed well at this site. Include on this plan the lot to be served with boundaries, any existing or proposed sewage disposal systems and reserve areas on this lot or adjacent lots within 150 feet of proposed well, and existing contours.

NOTE: Reference local health board's well regulations prior to submitting application.

COMPANY INFORMATION

Company Name: _____

Company Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Hereby applies for a permit to install a private water supply at _____.

The type of well to be installed at this site is ☐ Drinking Water ☐ Irrigation Water

OWNER INFORMATION

Owner Name: _____

Address: _____ Unit/Apt: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Cell Phone: _____

Email: _____

Property served by: ☐ On-site septic system, or ☐ Public sewer

Applicant's Signature: _____

Date: _____

Commonwealth of Massachusetts

Water Resources Commission Registration number _____

FOR OFFICE USE

_____Approved

_____Disapproved

by _____
John R. Garside
Director of Public Health

Comments _____

Permit Number _____ Issued _____ Fee _____