

FEE: PER INSPECTION \$75

Well permit # _____



Board of Health
50 The Common
Phillipston Ma. 01331
Tel/fax 978-249-1735
Health@Phillipston-ma.gov

APPLICATION FOR THE CONSTRUCTION/DECOMMISSIONING OF A WELL

Date: _____

911# Street Address _____ Assessors' Map # _____ Lot# _____

Proposed Well Address: _____

Owners Name: _____

Address: _____

Permit requested for: well construction well destruction

Type of well to be installed: x artesian gravel dug spring

Type of water service line: x pressure suction gravity

Electrical Wiring Required: yes no (Note: If yes, Wiring Inspector approval required)

Previous/current land use: residential agricultural commercial industrial

Description and approximate distance to potential sources of contamination within 400 feet of the proposed well

Driller name _____ Address: _____

Driller NO. _____

Attach a plan of the location proposed for well _____

In accordance with the Rules and Regulation of the Town of Phillipston Board of Health, I hereby apply for a permit to install a private water supply.

Owner's signature: _____

(Over)

Page Two: Well Destruction and Application Approval/Denial

Well Destruction Requirements:

Attach written statement from the well owner that the well is abandoned.

Specific location of the well to be destroyed:

The design and construction of the well to be destroyed (attach sketch if appropriate)

Well driller's/digger's name and Water Resources Commission registration number:

Signed: _____

Date: _____

Commonwealth of Massachusetts Water Resources Commission Certificate/Registration No. _____
(If applicable)

Please indicate the location of the proposed well at this site on a sketch and attach. Include the lot to be served, with boundaries, any existing or proposed sewage disposal systems and reserve areas, and existing contours. SEWAGE DISPOSAL WORKS PLANS MY BE SUBSTITUTED AND ARE RECOMMENDED

[For Board use only	per inspection \$75	Fee Received _____	Check # _____
Received Application _____	<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	
Location Inspected by: _____		Date _____	
Wiring Inspector Approval: _____		(If Electrical Wiring Required)	
Comments: _____			
Well Permit issued on: _____			
Permit # _____			
Signed: _____			