

Application for Private Well Construction Permit

No: _____ Date: _____

Fee: \$75.00

Expires one year from date of issuance

Application is made for a permit to: (check appropriate):

_____ Construction of new drinking water well

_____ Construction of new irrigation well

_____ Replacement of an existing well

_____ Alteration or repair (explain)

_____ Decommission (explain)

_____ Other (explain)

Location Address _____

Lot Number _____

Owner _____ Tel # _____

Address _____

Installer _____ License # _____

Address _____ Tel# _____

Septic system plans have been approved with new well location.

Date of approval: _____

If plans have not been approved a copy must be provided.

I, the undersigned, swear that the above information is true. In addition, I accept responsibility for the well to be installed in compliance with all local and state regulations.

Signature of Applicant

Date

Application approved _____

Application disapproved for the following reason: _____

Board of Health or Agent

Date