



Millville Board of Health  
8 Central Street  
Millville, MA 01529  
508-883-5041

Fee: \$100.00

**APPLICATION FOR PRIVATE WELL CONSTRUCTION PERMIT**

No: \_\_\_\_\_ Date: \_\_\_\_\_ *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)

Explain: \_\_\_\_\_

Location Address: \_\_\_\_\_

Lot Number: \_\_\_\_\_

Owner: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

Installer: \_\_\_\_\_ License # \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Septic system plans are 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 and correct. 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 Following Reason:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Board of Health or Agent

\_\_\_\_\_  
Date