Fee: _____ Application No.: _____

SHERBORN BOARD OF HEALTH
APPLICATION FOR WELL CONSTRUCTION PERMIT

Application is hereby made for a permit to: ( )Construct; or ( )Repair and Individual Well at:

LOCATION – ADDRESS _____ or LOT NO. _____

OWNER _____ ADDRESS _____
TELEPHONE _____

TYPE OF BUILDING _____ SIZE LOT _____ sq. ft.

WELL CONTRACTOR _____
ADDRESS _____
TELEPHONE _____

TYPE OF WELL CONSTRUCTION: ( )Rotary Drilled; ( )Percussion Drilled; ( )Bored

DISTANCE FROM DISPOSAL SYSTEM _____ feet

Agreement: The undersigned agrees to construct the aforementioned well in accordance with the provisions set forth by the Sherborn Board of Health and latest sanitary engineering requirements. The undersigned further agrees not to place the well in operation until the quantity and quality of the water supply has been presented to said Board of Health to their satisfaction.

SIGNED: _____ DATE: _____

This form must be submitted to the Sherborn Board of Health after it has been properly completed in order to obtain a Building Permit after well construction.

TO BE COMPLETED BY BOARD OF HEALTH:
DATE RECEIVED: _____ DATE APPROVED: _____

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Application No.: _____ Date: _____

SHERBORN BOARD OF HEALTH
WELL CONSTRUCTION PERMIT

Permission is hereby granted to _____

to: ( )construct; or ( )repair a well at: _____

_____ or Lot. No. _____
as shown on the application for well permit.

APPROVED BY: _____ DATE: _____

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APPLICATION FOR APPROVAL OF WELL

Application is hereby made for approval of the well constructed under Permit # _____

Located at: _____
DEPTH OF WELL: _____ feet DEPTH OF CASING: _____
YIELDING CAPACITY OF WELL PER MINUTE: _____ gallons.

Enclosed herein is a laboratory analysis of a sample taken from the well and analyzed by an approved laboratory.

SIGNATURE: _____ DATE: _____

WELL APPROVED BY: _____ DATE: _____