



BOARD OF HEALTH

Town of Boylston

221 Main Street
Boylston, MA 01505
Tel (508) 869-0143 x 222 (Main)
508-869-6828 (Direct)
Fax (508) 869-6210
Email: boh@boylston-ma.gov

WELL PERMIT APPLICATION

INSTRUCTIONS:

1. Fill out *General Application and Contractor Information*.
2. Complete a *Workers' Compensation Insurance Affidavit*. This **MUST** be included before a permit can be issued. Also include a copy of your *Certificate of Liability Insurance Declaration* page.
2. Attach a check for \$100.00 made payable to the Town of Boylston.
3. Mail to Boylston Board of Health, 221 Main Street, Boylston MA 01505.
4. **Include a plan indicating location of proposed well and distances to property lines, septic system components, wetlands and proposed (or existing) dwelling.**
5. Upon completion of Well, a copy of the state required *Water Quality Report* and *Well Completion Report* must be submitted to the Board of Health.
6. Fees are non-refundable.

Application is hereby made for a Permit to Install a Water Supply for **(CHECK ONE)**:

Single Family Multi-Family (# of Units _____) Commercial Building

Well type to be constructed **(CHECK ONE)**:

Drilled Dug Gravel-Packed Driven

Property Address where Well is to be Constructed (Number and Street Name):

If Street Number is Unassigned: Assessor's Map _____ Lot # _____ Builder's Lot # _____

Property Owner (if not Applicant) _____

General Information:

Applicant Name _____

Address _____

City/State/Zip _____

Telephone Number _____

Contractor Information:

Well Driller's Name _____

Driller's State Registration Number _____

Address _____

City/State/Zip _____

Telephone Number _____

Signature of Well Driller _____ Date _____