



Town of Boylston Board of Health boh@boylston-ma.gov
221 Main Street, Boylston MA 01505 ** Telephone (508) 869-6828 ** Fax (508) 869-6210

WELL PERMIT APPLICATION

Well Permit No. _____
(ISSUED BY BOH)

FEE **\$100.00**

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 ☐ Deepen

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 _____