

**FEE: PER INSPECTION \$75**

**Well permit #** \_\_\_\_\_



Board of Health  
50 The Common  
Phillipston Ma. 01331  
Tel/fax 978-249-1735  
**Health@Phillipston-ma.gov**

**APPLICATION FOR THE CONSTRUCTION/DECOMMISSIONING OF A WELL**

Date: \_\_\_\_\_

**911# Street Address** \_\_\_\_\_ **Assessors' Map #** \_\_\_\_\_ **Lot#** \_\_\_\_\_

Proposed Well Address: \_\_\_\_\_

Owners Name: \_\_\_\_\_

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

**Permit requested for:** ☐ well construction ☐ well destruction

**Type of well to be installed:** ☒x artesian ☐ gravel ☐ dug ☐ spring

**Type of water service line:** ☒x pressure ☐ suction ☐ gravity

**Electrical Wiring Required:** ☐yes ☐no (Note: If yes, Wiring Inspector approval required)

**Previous/current land use:** ☐ residential ☐ agricultural ☐ commercial ☐ industrial

Description and approximate distance to potential sources of contamination within 400 feet of the proposed well

\_\_\_\_\_  
\_\_\_\_\_

Driller name \_\_\_\_\_ Address: \_\_\_\_\_

Driller NO. \_\_\_\_\_

**Attach a plan of the location proposed for well** \_\_\_\_\_

In accordance with the Rules and Regulation of the Town of Phillipston Board of Health, I hereby apply for a permit to install a private water supply.

Owner's signature: \_\_\_\_\_

\_\_\_\_\_  
(Over)

## Page Two: Well Destruction and Application Approval/Denial

### Well Destruction Requirements:

Attach written statement from the well owner that the well is abandoned.

Specific location of the well to be destroyed:

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The design and construction of the well to be destroyed (attach sketch if appropriate)

Well driller's/digger's name and Water Resources Commission registration number:

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Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Commonwealth of Massachusetts Water Resources Commission Certificate/Registration No. \_\_\_\_\_  
(If applicable)

Please indicate the location of the proposed well at this site on a sketch and attach. Include the lot to be served, with boundaries, any existing or proposed sewage disposal systems and reserve areas, and existing contours. SEWAGE DISPOSAL WORKS PLANS MY BE SUBSTITUTED AND ARE RECOMMENDED

**[For Board use only**      **per inspection \$75**      Fee Received \_\_\_\_\_ Check # \_\_\_\_\_

Received Application \_\_\_\_\_ ☐ Approved      ☐ Not Approved

Location Inspected by: \_\_\_\_\_ Date \_\_\_\_\_

Wiring Inspector Approval: \_\_\_\_\_ (If Electrical Wiring Required)

Comments: \_\_\_\_\_

Well Permit issued on: \_\_\_\_\_

Permit # \_\_\_\_\_

Signed: \_\_\_\_\_