



**TOWN OF MEDWAY**  
 Board of Health  
 155 Village Street  
 Medway, Massachusetts 02053  
 508.533.3206

FOR OFFICE USE ONLY	
Permit No:	_____
Date Rec'd:	_____

**Water Supply Certificate**  
 (Appendix B)

This is to certify that \_\_\_\_\_, a well-drilling company with  
 Certificate Number \_\_\_\_\_ has cited and constructed \_\_\_\_\_ destroyed \_\_\_\_\_ a well located at  
 \_\_\_\_\_ in Medway, Massachusetts, given permission to do so by the  
 property owner, \_\_\_\_\_. The permit number for this project is: \_\_\_\_\_.

It has been installed in accordance with the provisions of the Medway Board of Health's Private Well Regulations. Water quality and quantity standards were met after pumping the well as described in the regulations.

Type of Well: \_\_\_\_\_ Well Yield: \_\_\_\_\_

Name of Water Quality Testing Laboratory: \_\_\_\_\_

State Certification Number: \_\_\_\_\_

Date of Testing: \_\_\_\_\_ (please attach copy of analytical testing report)

If the purpose of this well changes from that which is specified on this certificate, it is the responsibility of the homeowner to notify the Board of Health of its new use.

**The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily. Should you have concerns surrounding the work that was delivered, it is recommended that you contact the well-drilling company directly.**

Permit granted conditionally as follows (if applicable) : \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Approved by BOH Representative: \_\_\_\_\_ Date: \_\_\_\_\_