



TOWN OF WENDELL

Board of Health

9 Morse Village Road, Wendell, MA 01379 (978)544-3395 ext. 106

boardofhealth@wendellmass.us

APPLICATION FOR WELL CONSTRUCTION PERMIT/PERMIT # \_\_\_\_\_

Application Fee: \$75.00 to be paid at time of application

I, (Please Print) \_\_\_\_\_, hereby request a permit for  
(print your name here and sign at bottom of page)

construct a well located at \_\_\_\_\_  
Assessor's Map & Lot No. \_\_\_\_\_

Owner Name: \_\_\_\_\_  
Owner Current Address: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Email: \_\_\_\_\_

The Well Driller is \_\_\_\_\_  
Certificate No. \_\_\_\_\_  
Date of Application \_\_\_\_\_  
Fee Paid \$ \_\_\_\_\_ Date Received: \_\_\_\_\_

Sketch of Property Below (not to scale): -show well location and landmarks/ measurement -show all property lines and septic systems or other sources of contamination within 200 feet of the proposed well location. Indicate setbacks from roads (>50ft.), wetlands (>100ft.) etc.

Please check one: \_\_\_\_\_ Proposed Location -or- \_\_\_\_\_ As - Built Plan - Revision Date \_\_\_\_\_

A copy of this permit shall be delivered/ mailed to the Board of Health within 1 month of the well completion showing any changes from the proposed well location on the sketch above, indicating actual distances, if different, Include results of water quality analysis. Note: This permit is good for one year from the approval date, after which it expires. **Do not drill with an expired permit.**

Additional Permit Conditions:

\_\_\_\_\_

Conservation Commission (ConCom) Approval is Required for proposed well location.

Has the ConCom approved the well location? Yes \_\_\_\_\_ No \_\_\_\_\_

Con Com Member's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Board of Health Member or Agent Signature: \_\_\_\_\_ Date: \_\_\_\_\_