



TOWN OF WENDELL
BOARD OF HEALTH

APPLICATION FOR WELL CONSTRUCTION PERMIT

Application Fee: \$35.00 to be paid at time of application

I, (Please Print) _____, hereby request a permit to construct a well located at
(print your name here and sign at bottom of page)

The Well Driller is _____
Certificate No. _____
Date of Application _____
BOH Fee Paid \$ _____ Rec'd by _____
Assessor's Map & Lot No. _____

TOWN OF WENDELL
BOARD OF HEALTH
P O Box 41
Wendell, MA 01379

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 (>25ft.), wetlands (>100ft.) etc.

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

Name, Address, Phone # of current property owner:

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.

Additional Permit Conditions:

Conservation Commission Approval is required for proposed well location. Has the ConCom been consulted? _____

Applicant Signature _____

Approved By _____

Board of Health Member of Agent

Date

Note: This permit is good for one year from the approval date, after which it expires. **Do not drill with an expired permit.**

Board of Health Members: Lonny Ricketts, Martha Senn and Jennifer Flyer

Title 5 Agent: Elizabeth Swedberg (978)544-8072

Conservation Committee: Charles Smith, (978) 544-6933