

BOARD OF HEALTH
 Town Hall
 Hopkinton, MA 01748
 TELEPHONE (508) 497-9725

Well Installation Application

PROPERTY OWNER

Full Name	Telephone ()
Street number and name	City
	State and Zip Code

WELL DRILLER

Company Name	Telephone ()
Street number and name	City
	State and Zip Code

PUMP INSTALLATION COMPANY

Company Name	Telephone ()
Street number and name	City
	State and Zip Code

WELL LOCATION

Street Address (Name & Number)	Building Lot #___	Assessor's Map
#_____	Block#_____	Lot #_____
Reason for well	Estimated gallons per day required.	

Attach 2 copies of a site plan showing the well location and the required offsets to items listed in the Board of Health regulations. The plan must be drawn by Registered Professional Engineer or Sanitarian or Registered Land Surveyor.

Name	Telephone ()
Company	Email:
Street number and name	City
	State and Zip Code

I understand that it is my responsibility to:

- 1) Have the well installed by a driller licensed by the Department of Environmental Management to install drinking water wells.
- 2) Secure any prior approval required by any other local, state or federal agency (i.e. Conservation Commission, Dig Safe).
- 3) Prior to putting the well into use a *Water Supply Certificate* must be issued by the Board of Health.

Signature of the Applicant: _____ Date: _____

Signature of the Owner: _____ Date: _____

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 Approved By: _____ Date: _____

Restrictions/Comments: _____
