



TOWN OF NORWOOD BOARD OF HEALTH

Commonwealth of Massachusetts



Public Health
Prevent. Promote. Protect.

APPLICATION FOR A WELL PERMIT

WELL LOCATION: _____
STREET ADDRESS

APPLICANT NAME: _____

ADDRESS
(IF DIFFERENT): _____

TELEPHONE NUMBER: (____) _____ (____) _____
DAY EVENING

INFORMATION ABOUT THE PROPOSED WELL:

TYPE OF WELL	[]	DRILLED (ARTESIAN)
	[]	DUG (SHALLOW)
	[]	DRIVEN POINT
	[]	OTHER (SPECIFY) _____

INTENDED USE: _____

WELL DRILLER: _____ LICENSE NO. (____) _____
(NOTE: WELL DRILLER MUST BE REGISTERED BY MASSACHUSETTS)

DRILLER ADDRESS: _____
NO. STREET
STATE ZIP

LOT LOCATION (ASSESSOR'S DESCRIPTION) SECTION _____ BLOCK _____ LOT _____

DRILLER'S TELEPHONE NO. _____ (____) _____

I HEREBY APPLY FOR A WELL PERMIT. I AGREE TO COMPLY WITH THE NORWOOD BOARD OF HEALTH DEPARTMENT RULES AND REGULATIONS FOR THE REGISTRATION AND CONSTRUCTION OF PRIVATE WATER SUPPLIES (WELLS). I UNDERSTAND THAT THE FOLLOWING ARE REQUIRED:

THE WELL DRILLER MUST BE REGISTERED WITH THE MASSACHUSETTS WATER RESOURCES COMMISSION AS REQUIRED BY CHAPTER 21, SECTION 16 MGL.

A PLAN OF THE PROPOSED LOCATION OF THE WELL SHALL BE SUBMITTED TO THE HEALTH DEPARTMENT PRIOR TO THE INSTALLATION OF A WELL. THIS PLAN SHALL BE ON A SCALE OF APPROXIMATELY ONE INCH TO FORTY FEET AND SHALL SHOW POSSIBLE SOURCES OF CONTAMINATION ALONG WITH LOT LINES AND STRUCTURES ON THE LOT.

CONSTRUCTION OF THE WELL SHALL NOT PROCEED UNTIL A WELL PERMIT HAS BEEN ISSUED BY THE NORWOOD BOARD OF HEALTH DEPARTMENT.

WELL WATER NOT USED AS A POTABLE WATER SUPPLY SHALL NOT BE PLUMBED INTO ANY BUILDING SERVED BY THE NORWOOD WATER SUPPLY.

THE ISSURANCE OF A WELL PERMIT SHALL NOT BE CONSTRUED AS A GUARANTEE BY THE NORWOOD BOARD OF HEALTH DEPARTMENT OR ITS AGENTS THAT THE WATER SYSTEM WILL FUNCTION SATISFACTORILY NOR THAT THE WATER SUPPLY SHALL BE SUFFICIENT IN QUALITY OR QUANTITY FOR ITS INTENDED USE.

PURSUANT TO MGL CH 62C, SEC. 49A, I CERTIFY THAT UNDER THE PENALTIES OF PERJURY THAT I, TO MY BEST KNOWLEDGE AND BELIEF, HAVE FILED ALL STATE TAX RETURNS AND PAID ALL STATE TAXES REQUIRED UNDER LAW.

_____	_____
DATE	SIGNATURE OF APPLICANT OR AUTHORIZED AGENT
_____	_____
SOCIAL SECURITY OR	NAME OF CORPORATION (IF APPLICABLE)
	FEDERAL ID NUMBER

PLEASE REMIT A CHECK FOR \$50.00 MADE PAYABLE TO: THE TOWN OF NORWOOD FOR A WELL PERMIT. THANK YOU.

**SUPERCEDES REGULATIONS (AUGUST 17, 1989) (MAY 1, 1998)
EFFECTIVE JULY 1, 2005**