



Board of Health
Town of Southwick
 454 College Highway, Southwick, MA 01077
 Phone (413) 569-1212
 Fax (413) 569-5284

PERMIT NO. _____

FEE: \$50.00 _____

APPLICATION FOR A WELL CONSTRUCTION PERMIT

SITE ADDRESS: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____ TELEPHONE#: _____

SIGNATURE OF OWNER: _____ DATE: _____

WELL DESCRIPTION:

Plan indicating location of proposed well(2 permanent ties)(attached)IF SEPTIC PLANS ARE REFERENCED PROVIDE PLAN DATE & DESIGNER: _____

ARE THERE KNOWN SOURCES OF CONTAMINATION IN THE AREA?

YES _____ or NO _____

WELL DRILLER'S INFORMATION:

Driller's Name: _____ Reg. No. _____

Driller's Address: _____ Tel. No. _____

Copy of Well Driller's License: Attached: _____

The undersigned agree to abide by all rules and regulations of the Town of Southwick and the Commonwealth of Massachusetts and not to commence construction until the well permit (below) has been duly signed by the Board of Health.

Signature of Well Driller: _____ Date: _____

***NOTE TO WELL DRILLER/OWNER: This application does not constitute a permit until signed by the Board of Health.**

WELL CONSTRUCTION PERMIT

This is to certify that _____ is hereby granted permission to install a well on the premises at _____ in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Southwick Board of Health and the Commonwealth of Massachusetts relating thereto.

APPROVED BY: _____ DATE: _____

DISAPPROVED FOR THE FOLLOWING REASONS: _____

Expiration Date: _____ Extension Date: _____

Note:: If the location of the well is changed from the original application, an as-built location must be submitted to the Board of Health prior to well completion report approval.