



**Board of Health
Town of Southwick**

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

APPLICATION FOR A WELL DECOMMISSIONING PERMIT

ADDRESS OF PROPERTY: _____

NAME OF OWNER: _____ TELEPHONE#: _____

ADDRESS OF OWNER: _____

REASON FOR WELL ABANDONMENT: _____

PLAN INDICATING LOCATION OF WELL (attached): _____

WELL DRILLER'S INFORMATION:

Driller's Name: _____ Reg. No. _____

Driller's Address: _____ Tel. No. _____

Copy of Well Driller's License: Attached: _____ On File _____

The undersigned agree to abide by all rules and regulations of the Town of Southwick and the Commonwealth of Massachusetts.

Signature of Owner _____ Date: _____

Signature of Well Driller: _____ Date: _____

WELL DECOMMISSIONING PERMIT

This is to certify that _____ is hereby granted permission to decommission 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:** _____

Private wells shall be destroyed within fourteen (14) days of issuance of the destruction permit.

Expiration Date: _____ Extension Date: _____

COMPLIANCE REPORT filed by well driller when decommissioning is complete (attach) _____

DISAPPROVED FOR THE FOLLOWING REASONS: _____
