



TOWN OF WESTMINSTER
11 South Street
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7460
BOARD OF HEALTH

Permit No. _____

Fee: \$125.00

WELL PERMIT APPLICATION

Installation Destruction Alteration/Repair

Private Drinking Water Supply Semi-public drinking water supply

Other

Site location & address: _____

Name of owner: _____

Address: _____

City/State/Zip: _____

Phone number: _____

Lot size: _____ Lot number: _____

Serviced by septic system: _____ or town sewer: _____

Name of well driller/contractor: _____

Address: _____

City or town: _____

Phone number: _____ License number: _____

Name of pump installer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Type of well proposed: _____

New Building: _____ Existing Building: _____

Residential: _____ Number of Bedrooms: _____

Other: _____

Proposed well location: _____
(Plan must be attached) *Show distances from foundation, leaching area, septic tank,
other wells, etc.

Date of application: _____

Approved by the Board of Health: _____

Date of approval: _____

Agreement:

*The undersigned agrees to ensure the construction and maintenance of the
aforescribed well and not to place the system in operation until a Certificate of
Compliance has been issued by this Board of Health.*

Signature

Date

Prior to well usage:

- _____ Location staked in accordance with submitted plans.
- _____ Board of Health office notified when well driller set up prior to beginning to drill.
- _____ Final flow rate confirmed.
- _____ Well completion report submitted by installer.
- _____ Approved water test from Massachusetts certified laboratory. (Certified parameter list must accompany report.)
- _____ Installation of treatment system, if recommended.

Type of system installed: _____

Name of installer: _____

Address: _____

City/State/Zip: _____

Phone: _____