

Permit # _____

**SCITUATE BOARD OF HEALTH
APPLICATION FOR PERMIT TO INSTALL A PRIVATE WELL**

DATE OF APPLICATION _____ NON-REFUNDABLE \$150.00 FEE

DATE APPLICATION COMPLETE _____

TYPE OF LOT: RESIDENTIAL _____ COMMERCIAL _____ OTHER _____

TYPE OF WELL USE: _____ IRRIGATION _____ DRINKING WATER _____

APPLICANT INFORMATION

Name of Owner _____ Phone number _____

Address of Well _____

Address of Owner if different than location of well _____

Conservation Approval _____ DPW Approval _____

WELL DRILLER

Name _____ Phone Number _____

Address _____

Registration # _____

The undersigned agrees to comply with all rules and regulations of the Board of Health pertaining to a water supply.

State Registration No. _____ Signed _____ Date _____

SCITUATE BOARD OF HEALTH CERTIFICATE OF COMPLIANCE

This is to certify that the private water well installed by _____ at _____ has been drilled in accordance with the Scituate Board of Health rules and regulations and a water analysis submitted showing compliance with Massachusetts Drinking Water Regulations. The issuance of this certificate is NOT to be construed as a guarantee that the system will function satisfactorily.

Date _____ Licensed Well Driller _____

Scituate Board of Health _____

**SCITUATE BOARD OF HEALTH
WATER WELL INSTALLATION PERMIT**

Permission is hereby granted to _____ to install a private water well at _____ as shown on the Application for Permit to Install a Private Well. This well is to be used for _____ irrigation or _____ drinking water. No drilling shall commence before Board of Health approval of this application

Date _____ Scituate Board of Health _____