



Town of Washington

8 SUMMIT HILL ROAD P (413) 623-8878
WASHINGTON, MASSACHUSETTS 01223 F (413) 623-2116

Board of Health

Well Permit Application and Drilling Information

Provide a completed copy of this form to the Washington Board of Health, along with a check for \$50 made payable to the Town of Washington

Date: _____

Owner Information

Name: _____

Mailing Address: _____

Home Address (if different) _____

Email: _____

Phone: _____

Well Location Address: _____

Sketch of Well location: (To be completed by Owner) Below, draw a sketch showing outline of property including well location, buildings, septic systems, sewer lines, drainage areas, underground oil tanks, etc. within 300 feet of proposed well.

Owner Signature: _____ Date: _____

Well Driller Information

Name of Firm: _____

License Number: _____

Address: _____

Email: _____

Phone: _____

Well Information (completed by Driller)

New Repair

Well Use (check one): Domestic Public Industrial

Method Used: Rotary (type) Other (explain)

Static Water Level	Casing	Log of Formations
Feet below land surface:	Length:	Materials: From: To:
Date measured:	Diameter:	
	Type:	

Well Driller Signature: _____

Date: _____

Health Department Information

Permission is hereby granted to the above owner for installation of a well at the above lot location.

Health Agent Signature _____

Date: _____