APPLICATION FOR A WELL CONSTRUCTION PERMIT.

Application Date__________________________

Name of Applicant_____________________________________________________________

Phone__________________________

Name of Property Owner_________________________________________________________

Location Of Property____________________________________________________________

Contractor Employed for Well Construction________________________________________

Well Contractors License # (Copy of License must be attached)____________________

Engineer to do water testing______________________________________________________

______New Construction-New Dwelling          ______New Construction

______Repair of Existing Approved System

Date__________________________  Check #__________________________  Amount__________________________

Approved______________________________________________________________
The Commonwealth of Massachusetts
Town of New Salem Board of Health

PERMIT FOR THE CONSTRUCTION OF A WELL

Permit #____________________                         Date____________________________

In accordance with Regulations promulgated under authority of Chapter 111, Section 5 of the General Laws a Permit is hereby granted to:

Applicant________________________________________________________________

Location Of Well_________________________________________________________

Permit expires________________________                   Board of Health

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