

TOWN OF NEW SALEM

Board of Health
19 South Main Street
New Salem, Ma. 01355

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

