



Board of Health  
Town of Southwick  
454 College Highway, Southwick, MA 01077  
Phone (413) 569-1212  
Fax (413) 569-5284

FEE: \$100.00

## APPLICATION FOR A WELL CONSTRUCTION PERMIT

SITE ADDRESS: \_\_\_\_\_  
NAME OF OWNER: \_\_\_\_\_  
ADDRESS OF OWNER: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_  
SIGNATURE OF OWNER: \_\_\_\_\_ DATE: \_\_\_\_\_

### WELL DESCRIPTION:

Plan indicating location of proposed well with 2 permanent ties **must** be attached

If septic plans are referenced, provide plan date & designer:

ARE THERE KNOWN SOURCES OF CONTAMINATION IN THE AREA? \_\_\_\_ YES or \_\_\_\_ NO

### WELL DRILLER'S INFORMATION:

Driller's Name: \_\_\_\_\_ Reg. #: \_\_\_\_\_  
Driller's Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Copy of Well Driller's License Attached: \_\_\_\_\_

**The undersigned agree to abide by all rules and regulations of the Town of Southwick and the Commonwealth of Massachusetts and not to commence construction until the well permit (below) has been duly signed by the Board of Health.**

Signature of Well Driller: \_\_\_\_\_ Date: \_\_\_\_\_

\*NOTE TO WELL DRILLER/OWNER: This application does not constitute a permit until signed by the Board of Health.

## WELL CONSTRUCTION PERMIT # \_\_\_\_\_

This is to certify that \_\_\_\_\_ is hereby granted permission to install a well on the premises at \_\_\_\_\_ in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Southwick Board of Health and the Commonwealth of Massachusetts relating thereto.

APPROVED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

DISAPPROVED FOR THE FOLLOWING REASONS: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Extension Date: \_\_\_\_\_

**Note: If the location of the well is changed from the original application, an as-built location must be submitted to the Board of Health prior to well completion report approval.**