



**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 DECOMMISSIONING PERMIT

ADDRESS OF PROPERTY: \_\_\_\_\_

NAME OF OWNER: \_\_\_\_\_ TELEPHONE#: \_\_\_\_\_

ADDRESS OF OWNER: \_\_\_\_\_

REASON FOR WELL ABANDONMENT: \_\_\_\_\_

PLAN INDICATING LOCATION OF WELL (attached): \_\_\_\_\_

WELL DRILLER'S INFORMATION:

Driller's Name: \_\_\_\_\_ Reg. No. \_\_\_\_\_

Driller's Address: \_\_\_\_\_ Tel. No. \_\_\_\_\_

Copy of Well Driller's License: Attached: \_\_\_\_\_ On File \_\_\_\_\_

The undersigned agree to abide by all rules and regulations of the Town of Southwick and the Commonwealth of Massachusetts.

Signature of Owner \_\_\_\_\_ Date: \_\_\_\_\_

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

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### WELL DECOMMISSIONING PERMIT

This is to certify that \_\_\_\_\_ is hereby granted permission to decommission 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:** \_\_\_\_\_

*Private wells shall be destroyed within fourteen (14) days of issuance of the destruction permit.*

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

COMPLIANCE REPORT filed by well driller when decommissioning is complete (attach) \_\_\_\_\_

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

\_\_\_\_\_