



# Community Name

ADDRESS  
ADDRESS  
Phone Number  
Website

# 2016

## Permit for a Private Well or Water Supply

This Permit is granted to the person or business named below in conformity with the Statutes and Ordinances relating thereto. Permits are not transferable.

All Permits expire within 1 year unless otherwise noted below.

PERMIT #

ISSUE DATE

FEE

### NAME

### ADDRESS

This Permit shall be posted at all times and is issued with the requirement that the Permit Holder allow the Board of Health access to conduct inspections without notice during all hours of operation. Failure to allow inspection access or operate in compliance with State and local regulations and laws is grounds for suspension or revocation of this Permit.

Facility Address

### Facility Address

Facility Owner

### Facility Owner

Well Driller or Installer

### Well Driller or Well Installer

Well Driller License Number

Permit is granted to the above for the following work to the above named facility.

- Drilled Well
- Dug Well
- Spring
- Injection Well; Geothermal Well; Closed-Loop Well
- Monitoring Well
- Decommissioned Well or private water supply
- Repaired Well or private water supply
- Other Well or water supply as described in the Application and approved

The work to be performed is further described in the Application. A well completion report must be submitted within 30 days of well completion. Before using the well a complete water quality test as required by local regulations must be performed and the results submitted to the Board of Health. The applicant recognizes his/her duty to comply with Title 5, the Wetlands Protection Act, local well regulations and the following local provisions or special conditions:

Permit is also subject to the following special conditions

### NONE

Expiration Date

### One Year from Issue

Signature for the Board of Health