

Application Fee: \$200.00, plus  
\$25.00 Non-Refundable Admin. Fee  
(payable by separate checks)

Received: \_\_\_\_\_

Permit #: \_\_\_\_\_

**APPLICATION FOR PERMIT TO CONSTRUCT A WELL**

I hereby petition the Norfolk Board of Health for a permit to construct a well.

Address of Property: \_\_\_\_\_ Lot # \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_ Tele # \_\_\_\_\_

Name of Well Company: \_\_\_\_\_ Tele # \_\_\_\_\_

Address of Well Company: \_\_\_\_\_ Reg #: \_\_\_\_\_

Proposed Use of Well: (check one) \_\_\_\_\_ Domestic \_\_\_\_\_ Lawn & Garden

A plot plan shall be submitted with this application as required by the Norfolk Board of Health in the "Minimum Sanitation Standard for Private and Semi-Public Water Supply".

The undersigned acknowledges that he/she must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the Laws of the Town of Norfolk and the Commonwealth of Massachusetts. The undersigned also understands that under regulation 2.2, NO OCCUPANCY OF THE FACILITY WHICH THE WELL IS INSTALLED, COMPLETED AND INSPECTED, AND HAS BEEN DEMONSTRATED TO SUPPLY WATER OF THE QUALITY AND QUANTITY SPECIFIED IN THE "MINIMUM SANITATION STANDARD FOR PRIVATE AND SEMI-PUBLIC WATER SUPPLY".

Date: \_\_\_\_\_ Signature of Applicant: \_\_\_\_\_

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**PERMIT TO CONSTRUCT A WELL**

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 Board of Health and the Commonwealth of Massachusetts relating thereto.

**APPROVED:** DATE \_\_\_\_\_ BOARD OF HEALTH AGENT \_\_\_\_\_

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Water analysis and flow data must be submitted and approved. If water test shows presence of Volatile Organic Compounds, the Board of Health requires:

1. Installation of a treatment unit satisfactory to the Board of Health.
2. Notification to be put on record at the Registry of Deeds re: the specific quality of the water and any treatment unit required.
3. Provide evidence to the Board of Health of a service contract for maintenance of the unit.