

Permit Number _____

**BOARD OF HEALTH
TOWN OF HARWICH**

Fee paid _____
Fee \$60.00

APPLICATION FOR WELL PERMIT

Application is hereby made for a Permit to Construct () or Repair () or Demolish a Well ()

Location – Address

Map & Lot No.

Owner

Address

Driller

Address

Type of Building:

DWELLING _____ COMMERCIAL _____ OTHER _____

Well Use:

CONSUMPTION _____ IRRIGATION _____ MONITOR _____ OTHER _____

Design & Capacity of Water System: _____

Nature of Repairs or Alterations: _____

Submittals: Driller Registration _____ Site Plan _____

Agreement: The undersigned agrees to install the aforescribed well in accordance with the provisions of the Town of Harwich – Regulations for Private Wells. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed _____ Dated _____

Application approved by _____ Dated _____

Application disapproved for the following reasons: _____

Permit No. _____ Issued _____
Date

Permit expires 6 months from date of issue

(OFFICE USE ONLY)

Lab Report _____ Water Well Completion Report _____

Certified Plot Plan _____ Pump Test _____