

**THE BOARD OF HEALTH**

71 West Main St.; Dudley, MA 01571  
Telephone: 508-949-8017 Fax: 508-949-8031

APPLICATION FOR WELL CONSTRUCTION PERMIT

**FEE: \$100.00**

**PLEASE PRINT**

**1. APPLICANT NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**2. PROPERTY OWNER** \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

**3. LOCATION OF WELL**

ASSESSOR MAP \_\_\_\_\_ PARCEL NUMBER \_\_\_\_\_

STREET NUMBER AND NAME \_\_\_\_\_

**4. TYPE OF WELL** ( ) DRILLED ( ) DUG

- 5. PURPOSE OF WELL**
- ( ) DRINKING WATER (DOMESTIC)
  - ( ) LAWN/GARDEN WATERING
  - ( ) INDUSTRIAL
  - ( ) OTHER \_\_\_\_\_

**6. WELL CONTRACTOR:**

INSTALLER NAME \_\_\_\_\_

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

Did you read and understand **DUDLEY WELL BY-LAWS** \_\_\_\_\_

Well completion report and water quality test will need to be submitted to the Dudley Board of Health for review before the well certificate of compliance can be issued.

I hereby agree to comply with all rules and regulations of the Town of Dudley and the Commonwealth of Massachusetts regarding the installation of wells.

**SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PROPERTY OWNER SIGNATURE**

**OFFICE USE ONLY**

**Approved**

**Denied**

By: \_\_\_\_\_  
Health Agent

Date: \_\_\_\_\_