



Board of Health
Plainville, Massachusetts
 142 South Street - P. O. Box 1717 - 02762

Telephone: 508-695-3142 X16
 Fax: 508-695-3927

REVISED 8/07/06

APPLICATION FOR POTABLE WELL

FEE: \$200.00 DUE WITH APPLICATION

DATE OF APPLICATION: _____

REQUESTED DATE: _____

FEE PAID: _____

CHECK BOX THAT APPLIES

- PRIMARY WELL
- IRRIGATION ONLY
- HYDROFRACTING
- REPAIR – EXISTING WELL
- ABANDON WELL

PERMIT NUMBER: _____

WELL LOCATION: PLANS SHOWING WELL LOCATION & SURROUNDING SEPTIC SYSTEMS MUST BE ATTACHED

MAP NUMBER: _____ ASSESSORS PARCEL/LOT NUMBER: _____ BUILDERS LOT # _____

(IF APPLICABLE)

LOCATION OF LOT: _____

(STREET NUMBER AND NAME)

Please indicate yes or no:

TOWN SEWER: _____ PRIVATE SEPTIC SYSTEM: _____ (If yes, attached septic system plan)

TOWN WATER: _____ WELL WATER: _____ NEW OR EXISTING DWELLING: _____

The undersigned hereby understands and agrees that the well is not to be considered "in service" until the four hour well test is conducted; two water samples are taken by the well driller or a certified laboratory in the presence of the Health Inspector and the analysis by a certified laboratory is received by the Health Dept. All electrical work requires a permit.

PROPERTY OWNERS NAME: _____

ADDRESS: _____

SIGNATURE OF OWNER: _____ PHONE #: _____

MANDATORY

The undersigned hereby applies for a license in accordance with the provisions of the Statues relating thereto:

LICENSED WELL DRILLER: _____

(Full name of person, firm or corporation making application)

ADDRESS: _____

PHONE NUMBER: _____ LICENSE NUMBER: _____

FAX NUMBER: _____

SOCIAL SECURITY # OR FEDERAL IDENTIFICATION NUMBER: _____

SIGNATURE OF WELL DRILLER: _____

MANDATORY

**THE HEALTH AGENT: FRANK WOJCIECHOWSKI, MUST BE NOTIFIED BEFORE ANY WORK IS TO BEGIN.
 PHONE & FAX # 508-695-3142, ext 30**

FOR OFFICE USE ONLY:

LICENSED GRANTED: _____ LAB RESULTS RECEIVED: _____ PASS OR FAIL

DATE WELL DRILLED: _____ LAB RESULTS RECEIVED: _____ PASS OR FAIL

DATE 4 HOUR WELL TEST: _____