

Town of Rowley

Board of Health

39 Central Street

P. O. Box 783

Massachusetts 01969

(978) 948-2231

health@townofrowley.org

APPLICATION FOR WELL AND PUMP PERMIT

Application is hereby made for a permit to **drill** () or **repair** () a well. Application is also made to **install** () major **renovation** () or major **repair** () of a pump system.

Location Address: _____ Map _____ Block _____ Lot _____

Owner: _____ Phone: _____

Address: _____ Email: _____

WELL CONTRACTOR Company Name: _____

Address: _____

Telephone number: _____ Email: _____

Licensee Name: _____ MA Lic #: _____

PUMP INSTALLER Company Name: _____

Address: _____ Phone: _____ Fax: _____

Licensee Name: _____

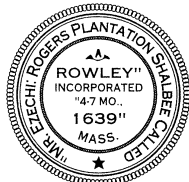
Plumbing / Electrical Permit #'s _____ Date issued/approved: _____

Type of Well: _____ Well Used For: Drinking () Irrigation () Geothermal ()

Submit the following:

- A plan of the well location with at least two ties to permanent landmarks signed by a surveyor or engineer, showing the location of the well in relation to existing or proposed above or below ground structures and utilities;
- A description of prior and current land uses within two-hundred (200) feet of the proposed well location, which represent a potential source of contamination, including but not limited to the following: existing and proposed structures, subsurface sewage disposal systems, subsurface fuel storage tanks, public and private ways, existing utilities and any utility rights-of-way, any other potential sources of pollution;
- Proof of notification to the Conservation Commission;
- \$300.00 fee payable to: Town of Rowley

Applicant's Signature: _____ Date: _____



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WELL AND PUMP PERMIT

Permits are valid for one year only. Extension requests must be received prior to expiration of permit.

WELL CONSTRUCTION PERMITS ARE NOT TRANSFERABLE

Permit # _____ Date Issued _____ Fee (\$100.00) _____

Permit issued to: _____

For the property of: _____

Health Inspector's Signature: _____ Date: _____

REQUEST FOR A WATER SUPPLY CERTIFICATE

Type of Well: _____ Well Used For: Drinking () Irrigation () Geothermal ()

Submit the following documentation within 30 days of drilling a well on the property.

- 1) The well construction permit;
- 2) A copy of the Water Well Completion Report as required by Mass DEP Well Driller Program regulations (310 CMR 46);
- 3) Confirmation of the ties in the location plan for the well and GPS coordinates.
- 4) A copy of the Pumping Test Report required pursuant to Section VII of these regulations;
- 5) A copy of the Water Quality Report required pursuant to Section VIII of these regulations;
- 6) A copy of completed electrical and plumbing permitting as required by Inspections Department;
- 7) A copy of the completed permitting from the Water Department for any property with existing town supplied water services.

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Board of Health Office Use Only

Date Request for Water Supply Certificate Received: _____ Application Complete Y N

Any further information required (exceeded limits, filtration needed): _____

