

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

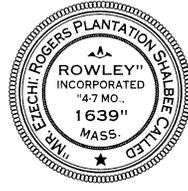
Plumbing / Electrical Permit #'s \_\_\_\_\_ Date issued/approved: \_\_\_\_\_

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): \_\_\_\_\_

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