



**WRENTHAM
BOARD OF HEALTH**
79 South Street, Wrentham, MA. 02093
APPLICATION FOR A PERMIT TO CONSTRUCT OR ALTER A WELL
*Construction on the well cannot begin until after this permit has been signed by the Agent
for the Town of Wrentham*

Application Fee: _____ Date Received: _____

ADDRESS OF PROPERTY: <i>(include lot number)</i>	
WELL TYPE: <input type="checkbox"/> Potable Service <input type="checkbox"/> Irrigation Only <input type="checkbox"/> Geothermal(<input type="checkbox"/> Closed Loop <input type="checkbox"/> Open Loop) <input type="checkbox"/> Hydro-Frack	
Name of Owner:	Telephone Number:
Email Address of Owner:	
Name of Applicant:	Telephone Number:
Address of Applicant:	
Email Address of Applicant:	
Certified Well Drillers Name:	
Certified Well Drillers Address:	
RIG Number:	Certification Number:

A plot plan shall be submitted with this application as required by the Wrentham Board of Health in the "Minimum Sanitation Standard for Private or Semi-Public Water Supply."

The undersigned acknowledges the following: 1. Before commencing construction or use of the well that they will secure any or all permits required by the laws of the town of Wrentham and the Commonwealth of Massachusetts. 2. Agrees to abide by all rules and regulations of the town of Wrentham and the Commonwealth of Massachusetts. 3. Understands that under Regulation 2.2 NO OCCUPANCY of the facilities which the well will serve will be permitted until the well is installed, completed and inspected and has been demonstrated to supply water of the quality provided for in the Minimum Sanitation Standard for Private or Semi-Public Water Supply.

DATE: _____ SIGNATURE: _____

WRENTHAM BOARD OF HEALTH

PERMIT #: _____ APPROVAL: DISAPPROVAL:

REASON FOR DISAPPROVAL: _____

PERMIT TO CONSTRUCT OR ALTER A WELL

This is to certify that _____ is hereby granted permission to install OR alter a well on the premises at _____. The well shall be constructed or altered in accordance with the above application, and in strict conformance with the requirements of the Rules and Regulations of the Board of Health and the Commonwealth of Massachusetts relating thereto.

Signature of Board of Health Agent

Date