



**WRENTHAM
BOARD OF HEALTH
79 South Street, Wrentham, MA. 02093
ADVISORY FOR PRIVATE WELL UPON SALE OF PROPERTY**

DATE:	CLOSING DATE:	FEE:
Address of Property:		
Owner's Name:		
Owner's Address: <i>(if different from above)</i>		
Telephone Number:	Email:	
AGENT INFORMATION		
Real Estate Agent Name and Firm Name:		
Firm Address:		
Agent Telephone Number:	Agent Fax Number:	Agent Email Address:

Prior to transfer of property any private water supply must be sampled and tested by a Massachusetts Certified Water Testing Laboratory for yield, chemical, physical and bacteria parameters according to the Board of Health's Minimum Sanitation Standards. See the Board of Health Regulations for the full list of requirements. All tests must be attached to this application.

_____ *Signature of Owner or Agent* _____ *Date*

TO BE COMPLETED BY THE BOARD OF HEALTH

Sample Location:	Sample Date:	Report Date:
Name of Sampler:	Well Depth:	Well Yield:
Laboratory:	Lab Fax:	Lab Phone:

All Parameters are within allowable limits for the parameters tested. The results are attached to this advisory and are in compliance with the Wrentham Board of Health's Minimum Sanitation Standard

All Parameters are **NOT** within allowable limits for the parameters tested.

COMMENTS: _____

_____ *Signature of Health Agent* _____ *Date*