

Fee: \$ \_\_\_\_\_

**NATICK BOARD OF HEALTH**  
Telephone 508-647-6460 \* Fax 508-647-6466  
**APPLICATION FOR WELL CONSTRUCTION PERMIT**

Date: \_\_\_\_\_

Application Is Hereby Made For A Permit To Construct ( ) Repair ( ) Abandon ( ) an Individual Well at:

- Well Location/Address \_\_\_\_\_ or Lot # \_\_\_\_\_
- Owner \_\_\_\_\_
- Address: \_\_\_\_\_ Tel. # \_\_\_\_\_
- Type of Well: ( ) Drinking Water ( ) Irrigation
- Type of Well Construction: \_\_\_\_\_
- Well Contractor \_\_\_\_\_
- Address \_\_\_\_\_ Tel.# \_\_\_\_\_
- Name of Licensed Well Driller: \_\_\_\_\_ Mass License # \_\_\_\_\_
- Address: \_\_\_\_\_ Tel. # \_\_\_\_\_
- Distance from Septic System \_\_\_\_\_ Ft.

**AGREEMENT:**

The undersigned agrees to construct the aforementioned well in accordance with the provisions set forth by the *Natick Board of Health* and latest sanitary engineering requirements. The undersigned further agrees not to place the well in operation until final approval by the *Plumbing Inspector, Water Department* and the *Board of Health*.

Signed \_\_\_\_\_ Date: \_\_\_\_\_

This form must be submitted to the *Natick Board of Health* in duplicate after it has been properly filled in.

**TO BE FILLED IN BY THE BOARD OF HEALTH**

Date received: \_\_\_\_\_ Date approved: \_\_\_\_\_

By \_\_\_\_\_

\*\*\*\*\*

**WELL CONSTRUCTION PERMIT**

No: \_\_\_\_\_

Date: \_\_\_\_\_

Permission is hereby granted to \_\_\_\_\_

To construct ( ) repair ( ) a well at \_\_\_\_\_

as shown on the application for a well permit.

	Initial Inspection	Final Inspection
Plumbing Inspector		
Water Department		
Electrical Inspector		
Board of Health		