BOARD OF HEALTH

# TOWN OF FOXBOROUGH

MASSACHUSETTS 02035

www.foxboroughma.gov

40 SOUTH STREET
Tel. (508) 543-1207
Fax (508) 543-6278

# APPLICATION FOR PERMIT TO CONSTRUCT A PRIVATE WELL

***Fee: $100***

(Make check payable to the Town of Foxborough)

BHP-_____ Water Dept. Notified:_____
DATE REC'D_____
CHECK #_____

Address of Property:_____ Lot #:_____

Name of Applicant (Owner):_____ Tel.#_____

Name of Driller:_____ Tel#_____

Address of Driller:_____Driller #_____

- $100 Fee, (payable to the Town of Foxborough) and a
- Plot plan must be submitted with this application.

The undersigned acknowledges that he must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the Laws of the Town of Foxborough and the Commonwealth of Massachusetts, and agrees to abide by all rules and regulations of the Town of Foxborough and the Commonwealth of Massachusetts. The undersigned also understands that NO OCCUPANCY OF THE FACILITIES WHICH THE WELL IS TO SERVE MAY BE PERFORMED UNTIL THE WELL IS INSTALLED, COMPLETED, AND INSPECTED, AND HAS BEEN DEMONSTRATED TO SUPPLY WATER OF THE QUALITY AND QUANTITY SPECIFIED IN THE "MINIMUM SANITATION STANDARD FOR PRIVATE OR SEMI-PUBLIC WATER SUPPLY".

Signature of Applicant (Owner):_____ Date:_____

## WELL DATA

☐ **Water Analysis** Received Date:_____ Approved:_____

☐ **Well Completion Report** Received Date:_____ Approved:_____

☐ Pressure tank and any treatment unit inspected.

BHP-_____

## BOARD OF HEALTH
## FOXBOROUGH, MA
## PERMIT TO CONSTRUCT A WELL

This is to certify that _____ is hereby granted permission to install a well on the premises at: _____ in accordance with the above application, and in strict conformance with the requirements, the rules and regulations of the Board of Health and the Commonwealth of Massachusetts relating thereto.

PERMIT GRANTED ON:_____ APPROVED BY_____

(Updated 2012)