TOWN OF SOUTHBOROUGH - BOARD OF HEALTH
APPLICATION FOR INSTALLATION OF
PRIVATE WELL

	FEE $100.00	**CHECK # _____**
DATE	**_____**	
PERMIT #	**_____**	

DRILLER'S NAME _____

DRILLER'S COMPANY NAME_____

COMPANY ADDRESS _____

COMPANY PHONE _____

DRILLER'S REGISTRATION # _____

PROPERTY OWNER NAME AND COMPLETE ADDRESS

_____

_____

❖❖❖❖❖❖❖❖❖❖❖❖❖❖❖❖ **WELL INFORMATION** ❖❖❖❖❖❖❖❖❖❖❖❖❖❖❖❖

ASSESSOR'S MAP AND PARCEL #_____

STREET ADDRESS _____

BUILDING: NEW ☐ EXISTING ☐ # BEDROOMS ☐

USE: RESIDENTIAL ☐ COMMERCIAL ☐ IRRIGATION ☐

DESIGNER NAME AND LICENSE #

_____

(MUST BE A REGISTERED SANITARIAN OR PROFESSIONAL ENGINEER)

TWO COPIES OF THE DESIGN PLAN DRAWN BY ABOVE INDIVIDUAL MUST BE APPROVED AND ON FILE WITH THE BOARD OF HEALTH OFFICE.

SIGNATURE _____ **DATE** _____

PRINTED NAME _____ ☐ OWNER ☐ AGENT FOR OWNER

REVISED 2/04 (11/96)