

BOARD OF HEALTH, SHUTESBURY, MASSACHUSETTS
APPLICATION FOR WELL CONSTRUCTION/DESTRUCTION PERMIT

FEE PAID _____

DATE _____

NAME OF APPLICANT _____

ADDRESS OF APPLICANT _____

LOCATION OF PROPERTY _____

SIZE OF LOT _____

TAX MAP AND PARCEL NUMBER _____

NAME AND LICENSE NUMBER OF WELL DRILLER/DIGGER:

____ New Construction/New Dwelling

____ New Construction/Old Dwelling

____ Repair of Existing Approved System

____ Destruction of a Well

IS THERE A RESIDENCE WITHIN 200' OF THE WELL? _____

LIST DISTANCES OF ALL OTHER WELLS, SUBSURFACE FUEL STORAGE
TANKS, SEPTIC SYSTEMS, OR OTHER KNOWN SOURCES OF POLLUTION
WITHIN 200' OF THE PROPOSED WELL.

PLOT PLAN ATTACHED _____ YES

_____ NO

FOR BOARD OF HEALTH USE ONLY

APPLICATION APPROVED: DATE _____

BOARD OF HEALTH MEMBER'S SIGNATURE _____

PRINT BOH MEMBER'S NAME _____

BOARD OF HEALTH, SHUTESBURY, MASSACHUSETTS

FOR BOARD OF HEALTH USE ONLY

APPLICANT _____

PROPERTY LOCATION _____

WELL DRILLER NAME/LICENSE _____

WELL COMPLETION REPORT RECEIVED DATE _____

WATER QUALITY ANALYSIS RECEIVED DATE _____

RETEST REQUIRED DATE _____

WATER QUALITY APPROVED DATE _____

DEPTH OF WELL _____ FEET YIELD _____ GPM

WATER SUPPLY CERTIFICATE ISSUED DATE _____

SIGNED BY _____

BOARD OF HEALTH, SHUTESBURY, MASSACHUSETTS

WATER SUPPLY CERTIFICATE – PRIVATE WELL WATER SUPPLY

This is to certify that the private well constructed by _____,
license # _____ at _____
has been installed in accordance with the Town of Shutesbury, Massachusetts, Board of
Health’s private well regulations. Further, that the quantity and quality of water
produced by that well has been tested and found to meet the necessary standards as
contained within those regulations as well.

_____ RAW WATER

_____ TREATED WATER

The issuance of this certificate shall not be construed as a guarantee that the well will
function satisfactorily in the future.

_____, Board of Health Member/Agent

_____ Date