

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

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FOR BOARD OF HEALTH USE ONLY

APPLICATION APPROVED: DATE \_\_\_\_\_

BOARD OF HEALTH MEMBER'S SIGNATURE \_\_\_\_\_

PRINT BOH MEMBER'S NAME \_\_\_\_\_



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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