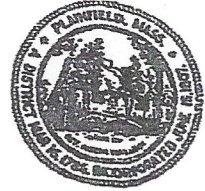


TOWN OF PLAINFIELD

BOARD OF HEALTH

304 Main Street

Plainfield Ma. 01070



WELL PERMIT APPLICATION

Owner _____ Address _____ Tel# _____

Location of Well _____

Well Driller _____ Address _____

MA Registration # _____ Expiration Date _____ Tel # _____

Procedure:

- (1) Provide a plot plan that show street and number; existing and proposed structure; subsurface water and drainage courses if any; existing tanks or cesspools; existing and proposed subsurface storage tanks; property lines; public ways; rights of ways subject to herbicide / pesticide control; other potential sources of pollution such as private dump, animal waste (manure piles) agricultural herbicide / pesticide/fertilizer applications for more than 5 years.
- (2) Site visit by Board of Health Agent to verify information provided on plot plan.
- (3) A satisfactory site visit will allow the Board of Health to issue a well site permit.
- (4) Well drillers report shall be submitted to the Board of Health within 30 days of completion.
- (5) Prior to the use of private well water for human consumption a water quality report shall be performed by a laboratory licensed for water testing by the Commonwealth of Massachusetts. A copy of the water report shall be submitted to the Board of Health.

Owner _____ Health Agent _____

Date _____ Fee \$30 _____