

Board of Health

Town of Northfield

69 Main St. Northfield, MA 01360

Phone: 413-498-2901 x 17 Fax: 413-498-5103



www.northfieldma.gov

WELL PERMIT APPLICATION

DATE: _____

FEE: \$25.00

APPLICANT NAME: _____

CURRENT RESIDENCE/MAILING ADDRESS: _____

HOME PHONE: _____ CELL: _____

APPLICANT SIGNATURE: _____

TYPE OF CONSTRUCITON: NEW WELL EXISTING WELL REPAIR

TYPE OF WELL: DRILLED DRIVEN DUG

ROAD NEAREST PROPOSED WELL SITE: _____ MAP: _____ PARCEL: _____

PARCEL SIZE IN ACRES OR SQ. FEET: _____

PROPERTY DESCRIPTION

LIST DISTANCES TO ANY OTHE RWELLS, SEPTIC TANKS AND DISPOSAL FIELDS, SUBSURFACE FUEL STORAGE TANKS, PROPERTY LINES, PUBLIC OR PRIVATE ROADS, ETC.

IF THE WELL IS TO BE DRILLED WITHIN 100 FT OF A WETLAND RESERVE AREA OR WITHIN 200 FT. OF A PERENNIAL STREAM OR RIVER, THE APPLICANT MUST SEEK APPROVAL FROM THE NORTHFIELD CONSERVATION COMMISSION

PLEASE RETURN THE COMPLETED APPLICATION AND A CHECK PAYABLE TO 'TOWN OF NORTHFIELD' FOR \$25.00 TO :
NORTHFIELD BOARD OF HEALTH
69 MAIN ST.
NORTHFIELD, MA 01360

BOARD OF HEALTH USE ONLY:

PERMIT ISSUED

PERMIT DENIED

DATE: _____

DATE: _____

BD OF HEALTH:

REASON:

Four horizontal lines for signature or notes.

