

DEPARTMENT OF PUBLIC WORKS

Application Fee: \$35.00

Make checks payable to: **Town of Pembroke, DPW**

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR PERMIT – PART I

Permit No.: _____ Application Date: _____

Date Permit Issued: _____ Well No.: _____ Date Issued: _____

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Homeowner name: _____

Homeowner address: _____

Telephone: _____

Well Installer installer to do repair: _____

Address: _____
(# street) (city) (state) (zip)

Telephone: _____

Drinking well: _____ Irrigation well: _____

Complete description of repair: _____

(Applicant signature) Date: _____

- Permit application forms **must** be accompanied by a plot drawing showing house, septic and current well location (as-built).
- Upon approval, well repair permits are issued in the name of the well driller.

Approved:

Rejected:

(Health Agent signature)

(Health Agent signature)

I, the undersigned, understand that once the well installer's name is inserted above, this permit application form is **nontransferable**. If any changes are made, a new application with all necessary paperwork **MUST** be submitted.

(Property owner signature)

(Date)