

WELL INSTALLATION PERMIT

Application fee: \$100.00

Make check payable to: **Town of Pembroke**

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: _____

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

Telephone: _____

Drinking well: _____ Irrigation well: _____

(Applicant signature) Date: _____

- Permit application forms **must** be accompanied by a plot drawing showing house location, septic tank leaching area and “proposed” well location.
- Upon approval, well permits are issued in the name of the well driller.
- An electrical permit **must** be applied for at the Building Department. A copy of this well permit will be provided to the Building Department as notification of permit application.
- A copy of laboratory test results following installation **must** be forwarded to the Board of Health office along with a copy of the electrical permit before issuance of a well number.

Approved:

Rejected:

(DPW signature)

(DPW signature)

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)

DEPARTMENT OF PUBLIC WORKS

Application Fee: \$35.00

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

APPLICATION FOR PERMIT - PART II

DEPARTMENT OF PUBLIC WORKS

(Must accompany Part I)

Date: _____

Name: _____
(print clearly)

Address: _____
(# street)

(city) (state) (zip)

Before occupancy or operation, you are responsible to call the DPW for Cross Connection Inspection. At time of pulling a permit for a well at the Board of Health, you are required to pay a \$35.00 fee, payable to Town of Pembroke, DPW.

(applicant signature)