



# Town of Upton Board of Health

1 Main Street, Box 3, Upton, MA 01568 Tel. 508-529-6813 Fax. 508-529-0010 e-mail: dtiernan@uptonma.gov

## APPLICATION FOR PRIVATE WELL PERMIT

Fee: \$75.00

Application # _____  <b>Type of permit: (Check)</b> <input type="checkbox"/> New Well Construction <input type="checkbox"/> Repair of Existing Well <input type="checkbox"/> Destruction of Well	<b>Date:</b> _____  <b>Type of Well: (check)</b> <input type="checkbox"/> Irrigation <input type="checkbox"/> Private Domestic Potable <input type="checkbox"/> Public Domestic Potable
Well Owner Name: _____ Property Address: _____ Mailing Address: _____ Telephone #: _____	Drilling Company: _____ Address: _____ City/Town and State: _____ Telephone #: _____ Well Drillers Reg. #: _____
Property has: (check all that apply) <input type="checkbox"/> Town Sewer <input type="checkbox"/> Private Septic System <input type="checkbox"/> Existing Private Well <input type="checkbox"/> Town Water	A plot plan must be included with this application indicating the proposed location of the well, all buildings, boundary lines, septic systems (within 100'), other wells (within 50') sewer lines (within 100'), wetlands, driveways, and swimming pools. Scale of the plan must be either 1" = 20', 1" = 30', 1" = 40', or 1" = 50', and preferably on a sheet 8 1/2 " x 11".  <input type="checkbox"/> Plot Plan Attached
For repair or destruction permits: Nature of Repair: _____  Design and Construction of well to be destroyed: _____ _____ _____	<i>I have read the Upton Board of Health Private Well Regulations, and agree to comply with all requirements of the document. I understand I must submit a water quality analysis, well drillers report, and disinfection documents within 30 days of the completion of my well.</i>  Applicant Signature: _____

OFFICE USE: Date Reviewed: \_\_\_/\_\_\_/\_\_\_ Permit Issued: Yes No Permit # \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

Variance Issued: \_\_\_\_\_