



Town of Upton Board of Health

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APPLICATION FOR PRIVATE WELL PERMIT

Fee: New or Repair: \$100.00 Abandonment: No Charge

Application # _____	Date: _____
Type of permit: (Check) <input type="checkbox"/> New Well Construction <input type="checkbox"/> Repair of Existing Well <input type="checkbox"/> Destruction of Well	Type of Well: (check) <input type="checkbox"/> Irrigation <input type="checkbox"/> Private Domestic Potable <input type="checkbox"/> Public Domestic Potable
Well Owner Name: _____	Drilling Company: _____
Property Address: _____	Address: _____
Mailing Address: _____	City/Town and State: _____
Telephone #: _____	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: _____	<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>
Design and Construction of well to be destroyed: _____ _____ _____	Applicant Signature: _____
OFFICE USE: Date Reviewed: ____/____/____	Permit Issued: Yes No Permit # _____
Reason for Denial: _____	
Variance Issued: _____	