



# TOWN OF CHARLTON

37 MAIN STREET  
CHARLTON, MA. 01507  
508-248-2210

## BOARD OF HEALTH

### WELL CONSTRUCTION APPLICATION EFFECTIVE 6-26-19

**Non-Refundable fee of \$25.00**

**Payable to:** The Town of Charlton

Board of Health File No. _____ (if Applicable)	
Address of <b>NEW</b> well: _____	Map, Lot, Parcel#: _____ <small>(Must be obtained from Assessors)</small>
Property Owner/Applicant: _____	
Address: _____	Phone #: _____
Signature of Owner/Applicant: _____ date: _____	

Well Driller: \_\_\_\_\_ Address: \_\_\_\_\_

Proof of Valid Registration required

### WELL CONSTRUCTION INFORMATION REQUIRED FOR NEW WELL:

Well location plan required: (septic system plans may be used for this purpose)

Containing descriptions of visible and prior/current land used the following within two-hundred (200') feet of the proposed well location, which represent a potential source of contamination, including but not limited to the following:

- Existing and proposed structures
- Subsurface sewage disposal systems
- Subsurface fuel storage tanks
- Public ways
- Utility rights-of-way
- Any other potential sources of pollution

**\*NOTE:** *If you are replacing an existing well you MUST complete a Well Decommission Application*

Office use only:

Approved:                      YES or NO    Well PERMIT # \_\_\_\_\_

Signature of Board of Health: \_\_\_\_\_    Date: \_\_\_\_\_

**This Permit is to be ON SITE at all times that work is taking place.**

**VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE**

**WELL PERMITS ARE NOT TRANSFERABLE**