Board of Health

175 CENTRAL STREET
EAST BRIDGEWATER, MA 02333
TELEPHONE: (508) 378-1612
FAX: (508) 378-3946

APPLICATION FOR PRIVATE WATER SUPPLY (WELLS) AND REGISTRATION

____New Well ($25.00 Fee) **____Existing Well**

This application is filed in accordance with the Rules and Regulations Governing Private Water Supplies adopted by the East Bridgewater Board of Health at a Public Hearing on April 25, 2011.

Licensed Well Driller:_____ Mass Reg #_____

Phone #_____Fax_____Email_____

Property Owner:_____

Property located at:_____

Type of Well to be installed? (circle one) Potable Irrigation

****A plan to scale depicting the location of the house, lot lines, existing septic system and reserve areas and existing water line must accompany this application.***

All Potable Wells must be a minimum of 50' from any septic tank and 100' from any leaching area. Irrigation wells must be 10' from any septic tank and 25' from any leaching area. (this includes abutting properties)
The applicant is responsible to file for permits for any electrical work and to file with Conservation if the work falls under their jurisdiction.

_____
SIGNATURE DATE

WELL PERMIT # DATE ISSUED: BY:

REGISTRATION (FOR OFFICE USE ONLY)

OFFICE IS IN RECIEPT OF:

WELL LOCATION PLAN
WELL LOG
LAB REPORT
WIRING INSEPCTION

WELL REGISTRATION NUMBER_____

STAFF SIGNATURE_____DATE_____