



Town of Mattapoisett
Board of Health
16 Main Street
Mattapoisett, MA 02739

Carmelo Nicolosi
Board Member

Russell Bailey
Board Member

Michele Bernier
Board Member

APPLICATION FOR WELL DRILLING PERMIT

Permit Fee: \$100.00

Type of Well

- ☐ Domestic/ Private Drinking Water Supply Well
☐ Irrigation Well
☐ Monitoring Well
☐ Injection Well
☐ Other: _____

Description

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> New Well | <input type="checkbox"/> Hydrofracture |
| <input type="checkbox"/> Decommission | <input type="checkbox"/> Repair |
| <input type="checkbox"/> Deepen | <input type="checkbox"/> Replacement |

Property Address _____

Owner's Name _____

E-mail Address _____ **Telephone #** _____

Well Driller _____

License # _____

Mailing Address _____

E-mail Address _____ **Telephone #** _____

*** Submit this application with a scaled plan, signed by a registered surveyor or engineer, showing the location of the proposed well in relation to existing structures, with setbacks to any existing leaching facilities, septic tanks, or cesspools. Said plan is also to include lot lines, roadways, underground storage tanks, surface and subsurface drains, landfill within 400 feet, and any agricultural use land which may contain the storage of animal waste. Please refer to setback requirements in Title 5 of the State Environmental Code.

Submission Date _____ **Signature of Applicant** _____

Approval Date _____ **Signature of Health Agent** _____