



TOWN OF DUXBURY

BOARD OF HEALTH
TOWN OFFICES
878 TREMONT STREET
DUXBURY, MASSACHUSETTS 02332-4499

Tracy L. Mayo, R.S./R.E.H.S.
Health Agent

Telephone (781) 934-1100
Fax (781) 934-1118

APPLICATION FOR A WATER SUPPLY CERTIFICATE

I hereby petition the Board of Health of the Town of Duxbury for a Water Supply Certificate for a potable well.

Located at: _____
Assessor's Parcel No: _____

Constructed Under Well Construction Permit No: _____

By Well Driller: _____
Registration No. _____

Owner of Well: _____
Mail Address: _____ Phone: _____

VOLUME OF WATER FOR HOUSEHOLD DAILY NEEDS: _____
The volume of water necessary to support the household's daily needs shall be determined by the following equation:
$$\frac{\text{Number of bedrooms} \times 200 \text{ gallons per bedroom}}{\text{Number of gallons needed daily}}$$

Plumber performing connection: _____
Plumber Permit Number: _____

Electrical Connections by: _____
Electrical connections must be made by a pump installer or Registered well driller.

REPORT FILED BY: _____
(please print clearly)

SIGNATURE: _____ Date: _____

THE FOLLOWING MUST BE SUPPLIED TO THE BOARD OF HEALTH IN ORDER TO OBTAIN A WATER SUPPLY CERTIFICATE:

1. Well Construction Permit
2. Application for a Water Supply Certificate
3. A copy of the Well Completion Report
4. A copy of the Pumping Test Report
5. A copy of the Water Quality Report
6. An As-Built of the well location referenced to at least two permanent landmarks.

"The Mission of the Town of Duxbury is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town."