



TOWN OF DUXBURY

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

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

APPLICATION FOR A WELL CONSTRUCTION PERMIT

I hereby petition the Board of Health of the Town of Duxbury for a Well Construction Permit (WCP) to install a private well in the town of Duxbury.

ATTACHED ARE TWO (2) PLANS SHOWING THE PROPOSED LOCATION OF THE WELL (WITH ORIGINAL DATE, STAMP, AND SIGNATURE OF AN ENGINEER, REGISTERED SANITARIAN, OR REGISTERED LAND SURVEYOR) MEETING ALL THE REQUIREMENTS OF DUXBURY RULES AND REGULATIONS FOR PRIVATE WELLS.

1. Address of property: _____
2. Assessor Parcel Number: _____
3. Name of Owner: _____ Telephone Number _____
Address of Owner: _____
4. Name of Well Driller: _____ Email: _____
(Must be registered with Massachusetts Water Resources Commission)
5. Purpose of Well: *Drinking () Agricultural only ()

The undersigned acknowledges that he must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the laws of the Town of Duxbury and the Commonwealth of Massachusetts, and agrees to abide by all rules and regulations of the Town of Duxbury and the Commonwealth of Massachusetts concerning private wells.

*The undersigned also understands that if a private well is to be used for drinking purposes, A **BUILDING PERMIT** affecting the structure the well is to serve **WILL NOT BE ISSUED UNTIL A** Water Supply Certificate has been granted by the Duxbury Board of Health.

Name of Applicant: _____ Fee: **\$120.00** _____
(please print clearly)

Signature: _____ Date: _____

WELL PERMIT # _____