

Permit # _____

Munis # _____

Paid by _____

BOARD OF HEALTH
WAYLAND MA 01778

Application Fee \$125.00

Check No. _____

APPLICATION FOR PERMIT TO CONSTRUCT A WELL

I hereby petition the Board of Health of Wayland Massachusetts for a permit to construct a well.

Address of Property: Street Number _____ Lot Number _____

Name of Owner: _____ Telephone Number _____

Address of Owner: _____

Name of Applicant: _____ Telephone Number _____

Address of Applicant: _____

A plot plan shall be submitted with this application as required by the Wayland Board of Health in the "Minimum Sanitation Standard for Private and Semi-Public Water Supply."

The undersigned acknowledges that he/she 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 Wayland and the Commonwealth of Massachusetts, and agrees to abide by all rules and regulations of the Town of Wayland and the Commonwealth of Massachusetts. The undersigned also agrees that no occupancy of the facilities which the well is to serve shall take place until the well is installed, completed, and inspected and has been demonstrated to supply water of the quality and quantity specified herein.

Date _____ Signature of Applicant _____

PERMIT NUMBER _____

BOARD OF HEALTH
WAYLAND MA 01778
PERMIT TO CONSTRUCT A WELL

This is to certify that _____

is hereby granted permission to install a well on the premises at _____

_____ in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Board of Health and the Commonwealth of Massachusetts relating thereto.

Approval Recommended By: _____ Date: _____

Permit Granted: _____

BOARD OF HEALTH

WELL DATA

Water Analysis: Received _____
Approved _____

Flow Data: Received _____
Approved _____