

Town of Seekonk

WELL INSTALLATION PERMIT

Is the well being installed within 50 to 100 feet of a right of way?

YES _____ NO _____ Which one _____

No. _____ APPLICATION FOR WELL PERMIT FEE: \$100.00

**BOARD OF HEALTH
TOWN OF SEEKONK
MASSACHUSETTS 02771**

Application is hereby made for a Permit to Construct a Well at:

Location-Address _____ or Plat & Lot # _____

Owner _____

Installer _____ Address _____

Email Address: _____

Registration Number _____ Rig Permit _____

Authorized Signer: _____ Date: _____

**BOARD OF HEALTH
TOWN OF SEEKONK**

No. _____ FEE: \$100.00

WELL INSTALLATION PERMIT

Permission is hereby granted _____

To install a well at _____

Date: _____

Board of Health

4.13.2 The pumping test shall be performed by a well drilling contractor in presence of the Board of Health Agent or member. Please call 508-336-2950 for an appointment.

PLEASE COMPLETE FRONT & BACK OF THIS APPLICATION

Pursuant to M.G.L. 62C, sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and all state taxes required under law.

Social Security Number or
Federal Identification Number

Signature of Individual or Corporate Name

By: _____
Corporate Officer (if applicable)