

Town of Seekonk – Board of Health

Well Installation Permit \$125.00



<u>Property Owner Information:</u>	
Location of Well :	
Map & Lot Number:	
Is the proposed well within 50 to 100 feet of a right of way? If so, which one?	<input type="radio"/> Yes <input type="radio"/> No
Name:	
Address:	
City:	
State:	
Zip Code:	
Phone Number:	

<u>Well Driller Information:</u>	
Well Driller Name:	
Well Driller Address:	
Well Driller Phone Number:	
Well Driller Email Address:	
Registration Number:	
Rig Permit:	

Required Documents:

Worker's Comp Affidavit

I, _____ hereby apply to the Board of Health of the Town of Seekonk, Massachusetts for a permit to complete a well installation.

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

Signature of Individual or Corporate Name

Date

Signature of Corporate Officer (if applicable)

Office Use Only

Approved:

Town of Seekonk – Board of Health

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Signature – Chairman Board of Health