



TOWN OF DIGHTON

Board of Health
1111 Somerset Avenue
Dighton, MA 02715
(774) 872-0943

FOR OFFICE USE ONLY

PERMIT NO: _____

DATE: _____

CHK NO & PMT: _____

APPLICATION FOR A WELL PERMIT

Date: _____

Type of Well: ☐ Potable \$150.00 ☐ Non-Potable \$200.00

Name of Applicant (Well Driller): _____ PHONE # _____

Address of Well Driller: _____

Property Owner Address: _____ PHONE # _____

Address Where Proposed Well is Located: _____

A copy of the plot plan of the property, including dimensions, and street location, is to be submitted with this application or a plot plan layout may be drawn on the back of this form. The plot plan must include the following...

- ✓ Exact building location on the lot.
- ✓ Location of proposed well, must meet DEP setback regulations.
- ✓ Location of proposed sewage disposal system (including all measurements)

The proposed rate of the well in gallons per minute and the date of completion must be included. A statement must be on water test confirming water is potable. Test must encompass all DEP requirements.

PURPOSE OF WELL

() Drinking Water - Domestic

() Lawn / Garden - Irrigation

() Industrial

() Other - Explain _____

After the well has been completed and disinfected, and prior to using it as a drinking water supply, the well driller will supply Board of Health with copies of each of the following...

- ✓ A copy of the water quality report -full potability with arsenic
- ✓ Pumping Test Report
- ✓ Well Water Completion Report

The undersigned hereby applies for a permit to construct a well according to the rules and regulations of the Commonwealth of Massachusetts and the Protective By-Laws of the Town of Dighton.

Signature of Well Driller

Signature of Board of Health

Date of Approval