



TOWN OF CHARLTON

37 MAIN STREET
CHARLTON, MA. 01507
508-248-2210

BOARD OF HEALTH

WELL CONSTRUCTION APPLICATION EFFECTIVE 6-26-19

Non-Refundable fee of \$25.00

Payable to: The Town of Charlton

Board of Health File No. _____ (if Applicable)	
Address of NEW well: _____	Map, Lot, Parcel#: _____ <small>(Must be obtained from Assessors)</small>
Property Owner/Applicant: _____	
Address: _____	Phone #: _____
Signature of Owner/Applicant: _____ date: _____	

Well Driller: _____ Address: _____

Proof of Valid Registration required

WELL CONSTRUCTION INFORMATION REQUIRED FOR NEW WELL:

Well location plan required: (septic system plans may be used for this purpose)

Containing descriptions of visible and prior/current land used the following within two-hundred (200') feet of the proposed well location, which represent a potential source of contamination, including but not limited to the following:

- Existing and proposed structures
- Subsurface sewage disposal systems
- Subsurface fuel storage tanks
- Public ways
- Utility rights-of-way
- Any other potential sources of pollution

***NOTE:** *If you are replacing an existing well you MUST complete a Well Decommission Application*

Office use only:

Approved: YES or NO Well PERMIT # _____

Signature of Board of Health: _____ Date: _____

This Permit is to be ON SITE at all times that work is taking place.

VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE

WELL PERMITS ARE NOT TRANSFERABLE