



TOWN OF GRAFTON

GRAFTON MEMORIAL MUNICIPAL CENTER
30 PROVIDENCE ROAD
GRAFTON, MA 01519

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HEALTH AGENT
Lois Luniewicz, REHS/RS, CHO
(508) 839-5335 X 128

BOARD OF HEALTH

Deborah A. Chouinard RNC, MSN
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Karen Gwozdowski Gauvin
Richard J. Kirejczyk
Ernest W. Peters

APPLICATION FOR WELL PERMIT MUST BE ACCOMPANIED BY ENGINEERED PLAN

PERMIT # _____

DRINKING _____ (\$65.00) MONITORING _____ (\$25.00) ABANDONMENT _____ (\$25.00) OTHER _____

Application is hereby made for a permit to INSTALL _____ REPAIR _____ ALTER _____ DEVELOP _____ ABANDON _____

Is this a replacement well for an existing property? ____Y ____N If yes, also check ABANDON above and add \$25.00 to total fee paid.

Will this well be situated on undeveloped land? ____Y ____N If yes, describe current/previous land use of parcel, adjoining parcels:
Crop Farm (type) _____ Orchard (Type) _____ Animal Farm (type) _____ Corral _____ Pasture _____ Stable _____ Barns _____
Feedlots _____ Manure Storage _____ Gravel pit _____ Quarry _____ Landfill _____ Bog/swamp _____ Wetland _____ Floodplain _____
Detention/Catch Basin _____ Drywell _____ Culvert/Drains _____ Millsite (Product) _____ Factory (Product) _____
Chemical Storage/Mixing _____ Salt Storage _____ Transmission/Gas Lines _____ Dry Cleaners _____
Petroleum Storage (Above/Below Ground) _____ Grease Traps _____ Other _____
Additional Explanations _____

(Failure to disclose previous/current land uses may be punishable by permit revocation and/or non-compliance fee)

STREET LOCATION _____ ASSESSORS MAP _____ ASSESSORS LOT _____

OWNERS NAME _____ E-MAIL ADDRESS _____

OWNERS ADDRESS _____ TELEPHONE _____

WELL INSTALLER _____ LICENSE # _____

INSTALLERS E-MAIL ADDRESS _____ TELEPHONE _____

PUMP INSTALLER CO. _____ ADDRESS _____ TELEPHONE _____

APPLICANT NAME _____ TELEPHONE _____

SIGNATURE OF APPLICANT / OWNER _____ ADDRESS OF APPLICANT / OWNER _____ DATE _____

WELL PERMIT APPROVAL (Expires One Year From Date of Approval)

PERMIT NO. _____

STREET LOCATION _____

Well Application: Approved _____ Denied _____
Signature Signature Date

WELL CERTIFICATE OF COMPLIANCE

Well Completion Report Received: Y _____ N _____ Permit Number and Date Included: Y _____ N _____

Well Water Quantity: Approved Y _____ N _____ NA _____ Flow _____ GPM Well Water Quality: Approved Y _____ N _____ NA _____

Treatment System Installed: Y _____ N _____ NA _____ If yes, specifications attached? Y _____ N _____

Does treatment system have backwash requirement: Y _____ N _____ NA _____ If yes, backwash released to: _____

Well Location Verified by As-Built: Y _____ N _____ As-built Preparation Date: _____

Well Abandonment Report Received: Y _____ N _____ NA _____ Date Received: _____

Signature

Date