



Board of Health

Town of Royalston

5 School Street PO Box 102 . Royalston MA. 01368

Tel (978)249-3617

Email: boh@royalston-ma.gov

APPLICATION FOR A WELL CONSTRUCTION PERMIT Fee: \$50

SITE ADDRESS: _____

NAME OF OWNER: _____

ADDRESS OF OWNER: _____

TELEPHONE#: _____ EMAIL: _____

SIGNATURE OF OWNER: _____ DATE: _____

WELL DESCRIPTION: Plan indicating location of proposed well (2 permanent ties) (attached) IF SEPTIC PLANS ARE REFERENCED PROVIDE PLAN DATE & DESIGNER:

ARE THERE KNOWN SOURCES OF CONTAMINATION IN THE AREA? **YES** _____ or **NO** _____

WELL DRILLER'S INFORMATION:

Driller's Name: _____

Registration Number: _____ Telephone Number: _____

Driller's Address: _____

The undersigned agree to abide by all rules and regulations of the Town of Royalston and the Commonwealth of Massachusetts and not to commence construction until the well permit (below) has been duly signed by the Board of Health. If the location of the well is changed from the original application, an as-built location must be submitted to the Board of Health prior to well completion report approval.

Signature of Well Driller: _____ Date: _____

*NOTE TO WELL DRILLER/OWNER: This application does not constitute a permit until signed by the Board of Health.

WELL CONSTRUCTION PERMIT

This is to certify that is hereby granted permission to install a well on the premises at in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Royalston Board of Health and the Commonwealth of Massachusetts relating thereto.

APPROVED BY: _____ DATE: _____

DISAPPROVED FOR THE FOLLOWING REASONS: _____

Expire Date: _____

ALL CHECKS MUST BE MADE PAYABLE TO THE TOWN OF ROYALSTON