



**TOWN OF LEICESTER
BOARD OF HEALTH
3 Washburn Square
LEICESTER, MASSACHUSETTS, 01524-1**

Board Members
Chairman
Christopher M. Montiverdi
Vice-Chairman
Debra Rigiero
Member
Robin Wood

Phone: 508-892-7008 FAX: 508-892-7500

Director of Public Health
Darlene M. O'Connor

PERMIT APPLICATION FOR WELL CONSTRUCTION

FEE: \$ 100.00

In accordance with the Rules and Regulations of the Town of Leicester and the Commonwealth of Massachusetts application is hereby to construct, install, or alter a well at:

_____.

WATER SAMPLES MUST BE COLLECTED BY A REPRESENTATIVE OF A STATE CERTIFIED LABORATORY.

Property Owner Name: _____ Address: _____

Telephone: _____ Fax: _____

Well Contractor Name: _____ Registration # _____

Address: _____ Tel: _____ Fax: _____

Location of Well _____

Type of Well Drilled Dug

Purpose of Well Drinking Water
 Lawn or Shrub Watering
 Industrial Process Water
 Other – Specify _____

Attach a sketch or plan showing the following:

The building to be served, property lines, location of existing, proposed, or adjacent sewage disposal systems within 100', and any other information required by the Board of Health or its Agent.

I hereby agree to comply with all Rules and Regulations of the Town of Leicester and the Commonwealth of Massachusetts regarding the installation of wells.

Signature _____ Date _____