



CITY OF NORTH ADAMS, MASSACHUSETTS

Board of Health

**Well Construction Permit Application**

**Well Construction Permit #**

Name of applicant \_\_\_\_\_

Applicant address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Applicant telephone \_\_\_\_\_ Map/Lot # \_\_\_\_\_

Location to be drilled \_\_\_\_\_

Well Driller or Company \_\_\_\_\_ MA Reg. # \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

The well is to be sited at the location described and mapped in the well construction permit application for the above individual and address, and in accordance with the Board of Health's *Regulations for Private Wells*, and the Department of Environmental Protection *Minimum Requirements for Construction of Private Wells*.

\_\_\_\_\_  
Date of approval

\_\_\_\_\_  
Signature of approving authority

**Certificate of Construction**

To be completed by well driller and returned to the North Adams Board of Health

I certify that the above well has met the construction and quantity standards as set forth in *313 CMR 3.00 MA Division of Water Resources*, the City of North Adams Board of Health *Private Well Regulations*, and the Department of Environmental Protection *Minimum Requirements for Construction of Private Wells*.

Water well completion report submitted to Massachusetts Division of Water Resources on \_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Well Driller

\_\_\_\_\_  
MA Reg. #

\_\_\_\_\_  
Date signed