

FEE: \$25.00

NORWELL BOARD OF HEALTH

APPLICATION FOR PERMIT TO DESTROY A POTABLE WATER WELL

Application is hereby made for a permit to destroy a potable Water Well at:

Location-Street Address

Owner's Name

Address

Telephone No.

Well Driller

Address

Telephone No.

Type of Well: Driven_____ Drilled_____ Bored_____ Dug_____ Jetted_____

The well shall be destroyed in accordance with the Town of Norwell Board of Health Regulations.

State License No. _____ Signed _____ Date _____

NORWELL BOARD OF HEALTH CERTIFICATE OF COMPLIANCE

This is to certify that the potable water well destroyed by _____

_____ at _____ has been destroyed in accordance with
the Norwell Board of Health rules and regulations.

Licensed Well Driller

Date

Norwell Board of Health Agent

NORWELL BOARD OF HEALTH WATER WELL DESTRUCTION PERMIT

Permission is hereby-granted to _____ to destroy a drinking
water well at _____ as shown on the Application for
Permit to Destroy a Drinking Water Well.

No Drilling Shall Commence Before Board of Health Approval of This Application

Date

Norwell Board of Health Agent