

Town of Wakefield
Board of Health
William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 01880
Tel. (781) 246-6375 Fax. (781) 224-5018



Application for a Well Permit
Permit Fee: **\$100.00**

(Please Print)

Name of Drilling Company: _____
Business Address: _____
Mailing Address (if different): _____
Name & Title of Applicant: _____
Address of Applicant: _____
Name of Owner (if different from applicant): _____
Address of Owner (if different from applicant): _____
Purpose of Well: Irrigation _____ Potable/Drinking Water _____

NOTE: Unless for the purpose of irrigation, the connection to the town's water supply will be disconnected.

If corporation or partnership, give name, title & home address of officers or partners:

<u>Name</u>	<u>Title</u>	<u>Home Address</u>

State of Incorporation: _____ Name & Address of Local Agent: _____
Emergency Response Person: Name _____ Home Phone _____

Requirement for registration of any individual shall include evidence that he/she has been engaged in the well-drilling trade under the direction of a registered driller for thirty-six (36) months prior to the date of application. Furthermore, he/she shall demonstrate knowledge of well drilling by producing evidence of having successfully passed a written examination prepared and administered by the National Water Well Association.

Drillers' reports shall contain the well owner's name, well's location, depth, drilling log, descriptions of casing screen, static water level, method used to test well yield, length of time well pumped, drawn down and well yield. Are you registered in Massachusetts with the Division of Water Resources?

Signature of Applicant: _____