

TOWN OF NORTON

BOARD OF HEALTH

DATE _____

FEE _____ \$25.00

PERMIT# _____

CHECK# _____

PUMP INSTALLERS LICENSE# _____

Upon completion of the water system installation this form must be filled out entirely. Return to the Norton, Board of Health, 70 East Main Street, Norton, MA 02766.

Property location	Owner of property
Pump Type?	_____
Manufacture of the pump?	_____
Gallons per minute?	_____
Well yield in gallons per minute?	_____
Static level of water in well?	_____
Depth of well?	_____
Depth of pickup in the well?	_____
Water storage capacity under pressure?	_____
Type of filtration unit?	_____
Installers address	_____
Installer phone #	_____

Name, Address and phone number of person completing this form.

ALL QUESTIONS ARE TO BE ANSWERED LEAVING NO BLANKS.