TOWN OF NORTON
BOARD OF HEALTH
WELL DRILLER PERMIT

APPLICATION FOR NON-POTABLE WELL

APPLICATION FOR POTABLE WELL

DATE: _____________

PERMIT#: ______________

LOCATION OF SITE:

STREET #

STREET

MAP: ___________________

PARCEL: ___________________

OWNER OF PROPERTY:

___________________________

OWNER PHONE #:

___________________________

WELL DRILLER:

___________________________

ME DEM LICENSE#:

___________________________

HAS THE LOCATION OF THE WELL BEEN STAKED BY THE ENGINEER?

YES ______ NO ______

WHAT IS THE SQUARE FOOTAGE OF THE LOT WHERE THE WELL WILL BE INSTALLED?

WHAT LABORATORY IS BEING USED?

AGREEMENT:
The undersigned hereby agrees to comply with the requirements of the Norton Board of Health Well Regulations. Adopted under the authority of Massachusetts General Law Section 31, Chapter III and Article II of the Massachusetts State Sanitary Code.

___________________________

Well Drillers Signature

Date

___________________________

Health Agent Signature

Date

All test results will be submitted to the Board of Health. They must meet the chemical and bacteriological Water Quality Sampling criteria set by the Norton, Board of Health, or be brought up to the standards by the owner through filters of chemical treatment.

NOTE:
If installing the pump you must be licensed in Norton. A separate permit is required for $25.00
This permit MUST be returned to the Board of Health.

NOTE:
If the well is a non-potable well Coliform bacteria not to exceed 0/100 mg at 35 degrees Celsius and Standard Plate count not to exceed 100/100 ml.