



# City of Westfield, Massachusetts

Health Department  
59 Court Street  
Westfield, Massachusetts 01085



**Public Health**  
Prevent. Promote. Protect.  
Westfield Health Department

## **APPLICATION FOR A WELL CONSTRUCTION PERMIT**

Permit Application Fee is \$50 (cash or check)

Address of property \_\_\_\_\_  
Owner's Name \_\_\_\_\_ Tel. No. \_\_\_\_\_  
Address of Owner \_\_\_\_\_

**Type of Construction:**      New\_\_\_ Repair\_\_\_ Monitoring\_\_\_ Irrigation\_\_\_

### **LOT DESCRIPTION:**

Plan indicating location of proposed well (attached) \_\_\_\_\_  
Potential sources of contamination \_\_\_\_\_

### **WATER ANALYSIS REQUIRED:**

Bacteriological\_\_\_ Chemical\_\_\_ Additional analyses \_\_\_\_\_

### **WELL DRILLER'S INFORMATION:**

Driller's Name \_\_\_\_\_ Reg. # \_\_\_\_\_  
Driller's Address \_\_\_\_\_ Tel. # \_\_\_\_\_  
Copy of Well Driller's License \_\_\_\_\_ Attached \_\_\_\_\_ On File \_\_\_\_\_

The undersigned agree to abide by all the rules and regulations of City of Westfield and the Commonwealth of Massachusetts.

Signature of Owner \_\_\_\_\_ Date \_\_\_\_\_

Signature of Driller \_\_\_\_\_ Date \_\_\_\_\_

Conservation Commission Approval \_\_\_\_\_ Date \_\_\_\_\_

DPW Water Division Approval \_\_\_\_\_ Date \_\_\_\_\_

Please obtain approvals and signatures prior to submitting application to the Health Department.