



# CONCORD HEALTH DEPARTMENT

141 Keyes Road  
Concord, MA 01742  
Phone: (978) 318-3275  
Fax: (978) 318-3281



**Public Health**  
Prevent. Promote. Protect.

### Property Information

Address of Property \_\_\_\_\_

Owner Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Assessor's Map \_\_\_\_\_ Parcel Number \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Type of Property:     Residential     Commercial     Industrial     Agricultural     Institutional

### Well Driller Information

Well Drilling Company (Agent) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Driller License Number \_\_\_\_\_

Well Information:     **Site Plan (Must Be Included w/Application) or permit will NOT be processed.**

| Type of Well         | Fees                                |
|----------------------|-------------------------------------|
| Private Water Supply | \$100                               |
| Irrigation*          | \$100                               |
| Geothermal           | \$75                                |
| Monitoring           | \$25 (up to 5 wells on same parcel) |

I, the undersigned, hereby apply to the Concord Board of Health for a Permit to Construct a Well in accordance with Board of Health Regulations entitled, "Minimum Sanitation Standards for Private and Semi-Public Water Supplies." I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

\_\_\_\_\_  
Signature of Owner/Agent

\_\_\_\_\_  
By: Corporate Officer (if applicable)

\_\_\_\_\_  
SS # or FID #

\_\_\_\_\_  
Date of Application

**Please note that all electrical connections to the pump shall be made by a licensed electrician and inspected by the Town's Wiring Inspector.**