

PERMIT # _____ FEE _____ DATE RECEIVED _____ CHECK# _____



TOWN OF GRANBY
Board of Health
Kellogg Hall, 250 State Street
Granby, MA 01033
Tel#: 413-467-7174 Fax#: 413-467-2080
boh@granbyma.org

APPLICATION FOR A WELL DECOMMISSIONING PERMIT

SITE ADDRESS: _____
NAME OF OWNER: _____
ADDRESS OF OWNER: _____ **TELEPHONE#:** _____
SIGNATURE OF OWNER: _____ **DATE:** _____

REASON FOR WELL ABANDONMENT: _____

PLAN INDICATING LOCATION OF WELL (attached): _____

WELL DRILLER'S INFORMATION:
Driller's Name: _____ **Reg. No.** _____
Driller's Address: _____ **Tel. No.** _____
Copy of Well Driller's License: Attached: _____ **On File:** _____

The undersigned agree to abide by all rules and regulations of the Town of Granby and the Commonwealth of Massachusetts.

Signature of Well Driller: _____ **Date:** _____

Signature of Homeowner: _____ **Date:** _____

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WELL DECOMMISSIONING PERMIT

This is to certify that _____ is hereby granted permission to install a well on the premises at _____ in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Granby Board of Health and the Commonwealth of Massachusetts relating thereto.

APPROVED BY: _____ **DATE:** _____

Private wells shall be destroyed within fourteen (14) days of issuance of the destruction permit.

Expiration Date: _____ **Extension Date:** _____

COMPLIANCE REPORT: file by well driller when decommissioning complete (attached): _____

DISAPPROVED FOR THE FOLLOWING REASONS: _____

