

PERMIT # _____ FEE \$75.00 DATE RECEIVED _____ CHECK# _____



TOWN OF GRANBY
Board of Health
215B West State Street
Granby, MA 01033
Tel#: 413-467-7174 Fax#: 413-467-3101
boh@granbyma.org

APPLICATION FOR A WELL CONSTRUCTION PERMIT

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

WELL DESCRIPTION:

Plan indicating location of proposed well(2 permanent ties)(attached)IF SEPTIC PLANS ARE REFERENCED PROVIDE PLAN DATE & DESIGNER: _____

ARE THERE KNOWN SOURCES OF CONTAMINATION IN THE AREA?
YES _____ or NO _____

WELL DRILLER'S INFORMATION:

Driller's Name: _____ **Reg. No.** _____
Driller's Address: _____ **Tel. No.** _____
Copy of Well Driller's License: Attached: _____

The undersigned agree to abide by all rules and regulations of the Town of Granby and the Commonwealth of Massachusetts and not to commence construction until the well permit (below) has been duly signed by the Board of Health.

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

***NOTE TO WELL DRILLER/OWNER:** This application does not constitute a permit until signed by the Board of Health.

WELL CONSTRUCTION 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:** _____
DISAPPROVED FOR THE FOLLOWING REASONS: _____
Expiration Date: _____ **Extension Date:** _____

Note:: If the location of the well is changed from the original application, an as-built location must be submitted to the Board of Health prior to well completion report approval.