



Town of Marshfield

BOARD OF HEALTH

870 MORaine STREET
MARSHFIELD, MASSACHUSETTS 02050

Tel: 781-834-5558 Fax: 781-837-6047

Application for Private Drinking Water Well

Date Application Complete _____
Date Approved _____

Fee: \$150.00

Date Paid: _____

Reinspection Fee: _____

Date Paid: _____

Applicant Information

Name: _____

Address: _____

Signature of Applicant: _____ Date received: _____

Well Drilling Company Information

Name: _____

Address: _____

Registration number: _____ Phone: _____

Property Owner Information

Name: _____

Address: _____

Phone: _____

Location: _____

(Street Address & M/B/L)

The following information shall be required in order for an application to be deemed complete by the Board of Health and is to be filled out by the Board's agent.

1. Date the notice was filed with the Board of Health _____
2. Date Completed Well Driller's report received by the Board _____
DPW Comments received (date) _____
3. Date water test results received by the Board of Health _____
DPW Comments received (date) _____
4. Date requirements of 1.5 of Private Drinking Water Well _____
Regulations were completed _____
5. Date Requirements of 2.1 of Private Drinking Water Well _____
Regulations were completed _____

- 6. Variance Request (if applicable) Date applied for: _____
 Approved _____ Disapproved _____ Decision date _____
- 7. Date inspected by Agent _____ Re-inspection Date _____
- 8. Expert Consultation Needed? Yes _____ No _____
- 9. Additional Requirements / Comments _____

I, _____
(well driller's signature) (date)

Certify that I have properly collected any and all water well samples from the private drinking water well at the above listed property location and have delivered them to a laboratory currently certified in the testing parameters requested.
 (The above is signed under the pains and penalties of perjury)

Stamp here

Private Drinking Water Well

Approved: _____
(chairman or agent's signature) (date)

Disapproved: _____
(chairman or agent's signature) (date)

Variance Granted
 Board's Signature _____

(date)

Variance Denied
 Board's Signature _____

(date)