

City of North Adams Board of Health

10 Main Street, North Adams, MA 01247
Tel: (413) 662-3020 - Fax (413) 662-3004

Well Construction Permit

Name of Applicant _____

Address _____

Telephone # _____

Location to be drilled _____

Map/Lot # _____

Well Driller or Company _____

Ma Reg. # _____

Address _____

Telephone # _____

The well is to be sited at the location described and mapped in the Well Construction Permit Application for the above individual and address, and in accordance with the Board of Health's *Regulations for Private Wells*, and the Department of Environmental Protection *Minimum Requirements for Construction of Private Wells*.

Date of Approval

Signature of Approving Authority

Certificate of Construction

To be completed by Well Driller and Returned to the North Adams Board of Health.

I certify that the above permitted well has met the construction and quantity standards as set forth in *313 CMR 3.00 MA Division of Water Resources*, the Town of Williamstown Board of Health *Private Well Regulations*, and the Department of Environmental Protection *Minimum Requirements for Construction of Private Wells*.

Water well completion report submitted to Massachusetts Division of Water Resources on _____

(date).

Signature of Well Driller

MA Reg. #

Date Signed