



TOWN OF DOVER
BOARD OF HEALTH
 5 Springdale Avenue
 P.O. Box 250
 Dover, MA 02030

Office: 508-785-0032, Ext. 232
 Fax: 508-785-8114
 Email: boh@doverma.gov

APPLICATION FOR WATER SUPPLY

ALL PERMITS ARE NON TRANSFERABLE AND ARE GOOD FOR ONE YEAR
ALL FEES ARE NON REFUNDABLE

Hereinafter, all proposed systems of water supply, shall be submitted to the Board of Health, or its agent, for its approval, and no such system shall be established without such approval.

In no event shall a source of water supply be located less than 100 feet from any sewage disposal system.

OWNER: _____ OWNER PHONE NUMBER: _____

OWNER ADDRESS: _____

SITE ADDRESS: _____

WELL DRILLER: _____ WELL DRILLER PHONE: _____

Plot Plan must be submitted with application.

(Location of water supply w/measurements; minimum scale 1" = 40").

LIST OF TYPE OF WELLS APPLYING

PLEASE NOTE NO. of WELLS

- | | |
|--|-------|
| 1. <input type="checkbox"/> DOMESTIC | _____ |
| 2. <input type="checkbox"/> GEOHYDRO <input type="checkbox"/> OPEN LOOP <input type="checkbox"/> CLOSED LOOP _____ | _____ |
| 3. <input type="checkbox"/> MONITORING WELL | _____ |
| 4. <input type="checkbox"/> PUMP TEST OR RETEST | _____ |
| 5. <input type="checkbox"/> FRACKING | _____ |
| 6. <input type="checkbox"/> OTHER PLEASE EXPLAIN _____ | _____ |

See additional requirements in Dover Well Regulations, Chapter 233.

I hereby attest that I will complete the work at the above-mentioned property address following the regulations outlined in Town of Dover Well Regulations, Chapter 233 as authorized by MGL c. 111, § 31. I have read and understood its content and understand that I am responsible for complying with its contents as applicable/appropriate.

WELL DRILLER SIGNATURE: _____

HEALTH DIRECTOR: _____ DATE APPROVED: _____