



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

Office: 508-785-0032, Ext. 232  
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APPLICATION FOR WELL ABANDONMENT

Date: \_\_\_\_\_ Fee: \$225.00 Permit No. \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address where well is located: \_\_\_\_\_

Owner Phone No. \_\_\_\_\_

Well Driller: \_\_\_\_\_

Well Driller Phone No. \_\_\_\_\_

Explanation for the well abandonment:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Location of well to be abandoned:

All wells shall be abandoned according to Dover Board of Health Well Regulations Ch. 233.

Health Director: \_\_\_\_\_

Date: \_\_\_\_\_