

Town of Barre
Board of Health
40 West Street Box 431
Henry Woods Building
Barre, Massachusetts 01005
E-mail – boardofhealth@townofbarre.com
Phone 978-355-2504 x 117

Permit#
Check#
FEE \$100.00

APPLICATION FOR A WELL PERMIT

Application Date _____

Map & Lot# _____ Owner of Record _____

Address _____ Telephone # _____
(Well installation address)

Size of Lot _____

Well Driller _____ License # _____

Address _____ Copy Attached _____

Email Address _____ Telephone # _____

Laboratory to do testing _____

Person authorized to take samples _____

Type of Well

Drilled: _____
Driven: _____
Dug: _____
Other _____

Construction

New Construction/New Dwelling: _____
Repair of Existing: _____
New Construction/Old Dwelling _____
Destruction of Well _____
Testing Purposes: _____

Distance from:

Septic Tank: _____	Leach Field: _____	Cesspool: _____
Sewer Lines: _____	Street: _____	Buildings: _____
Property Line _____		

Distance from: All other wells, public ways, subsurface fuel storage tanks, septic tanks, within 200 feet

_____.

Upon installation of the well, a well completion report and the results of a complete water test must be submitted to the Board of Health office.