



Form E
**Application to the Lincoln Board of Health
 For a Well Construction Permit**

Address of Property _____

Assessor's Map _____ Parcel Number _____

Owner of Property _____ Phone Number _____

Owner's Mailing Address _____

An agent for the owner may file this application. Any permit issued by the Board of Health will be mailed to the owner, and a copy will be mailed to the agent upon request.

Agent's Name _____ Phone Number _____

Agent's Mailing Address _____

Type of Property (4check one)

- Residential
- Commercial
- Industrial
- Other

**Fee : \$25.00/ irrigation well
 \$50.00/private water**

Type of Well (4check one)

- Irrigation Well
 - Private Water Supply
 - Public Water System*
- *Has at least 15 service connections or regularly serves an average of at least 25 individuals

I, the undersigned, hereby apply to the Lincoln Board of Health for a Permit to Construct a Well in accordance with MGL Ch. 111, S. 122A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

 Signature of Applicant

 By: Corporate Officer

 SS# or FID#

 Date of Application

Permit will not be issued unless certification clause is signed by applicant. Social security numbers will be furnished to Mass. Dept. of Revenue to determine whether applicant has met tax filing or tax payment obligations. Licensees who fail to correct their non-filing or delinquency will be subject to license suspension or revocation. Request is made I.A.W. MGL Ch. 62C, s. 49A.

