



CONCORD HEALTH DEPARTMENT

141 Keyes Road
Concord, MA 01742
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Public Health
Prevent. Promote. Protect.

Brent L. Reagor RS, Public Health Director

Property Information

Address of Property _____

Owner Name _____

Phone Number _____ Assessor's Map _____ Parcel Number _____

Owner Mailing Address _____

Type of Property: Residential Commercial Industrial Agricultural Institutional

Well Driller Information

Well Drilling Company (Agent) _____

Mailing Address _____

Phone Number _____ Driller License Number _____

Well Information

Type of Well		Fees
	Private Water Supply	\$100
	Irrigation*	\$100
	Geothermal	\$75
	Monitoring	\$25 <i>(up to 5 wells on same parcel)</i>

*All Irrigation Wells are required to be developed in the bedrock aquifer

UIC Number (Geothermal Only) _____

Release Tracking Number (RTN) (Monitoring Wells Only) _____

I, the undersigned, hereby apply to the Concord Board of Health for a Permit to Construct a Well in accordance with Board of Health Regulations entitled, "Minimum Sanitation Standards for Private and Semi-Public Water Supplies." 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 Owner/Agent

By: Corporate Officer (if applicable)

SS # or FID #

Date of Application

Please note that all electrical connections to the pump shall be made by a licensed electrician and inspected by the Town's Wiring Inspector.