



Town of North Attleboro  
Board of Health  
43 South Washington Street  
North Attleboro, MA 02760

Date rec. _____
Amount paid \$ _____
Check # _____
License # _____
Plans Received? _____ Y / N
Proof of Notification Rcvd? _____ Y / N
<b>For office use only</b>

New application for:

## WELL SITE PERMIT

**Fee: \$ 100.00**

Drilling Company Name:	
Address:	
City, State, Zip:	
Company Telephone #:	TIN #:
E-Mail Address:	MA Registration #:
Property Owner's Name:	
Property Owner's Address:	
City, State, Zip:	
Property Owner's Phone #:	E-Mail Address:
Applicant's Name:	Applicant's Telephone #:

### DRILL SITE

Site Address:	Lot #:	Plat #:	Nearest Pole #:
Type of Well: Domestic <input type="checkbox"/>	Irrigation <input type="checkbox"/>	Geo-Thermal <input type="checkbox"/>	Monitoring <input type="checkbox"/>
Have Site Plans been Submitted? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are Old Wells Located on the Site? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Does Well Location Meet ALL the setback and separation minimums specified? Yes <input type="checkbox"/> No <input type="checkbox"/>			

The undersigned hereby applies for a permit in accordance with the provisions of MA state law and the Town of North Attleboro Board of Health **Non-Public Well Regulation**, adopted October 7, 1982.

- Applicant shall submit a site plan of the property with this application indicating the locations of the proposed well, the nearest telephone pole and any old wells on the property to the Board of Health.
- Applicant attests that the proposed well will meet **ALL** minimum setback and separation distances required.
- Applicant shall submit a Well Completion Report and Certificate of Analysis to the Board of Health upon completion of this well.
- **All applicants are required to appear before the Board of Health when the Board considers your application.**
- Make check payable to the Town of North Attleboro and return your application with check to Board of Health.
- A permit cannot be issued unless the information requested is complete and the applicant signs the certification statement below.
- Your Tax Identification (TIN) number is requested under the authority of MGL c.62C §49A and will be furnished to the MA Dept. of Revenue to determine whether you have met tax filing or tax payment obligations. Applicants who fail to correct their federal, state, or local tax delinquency or non-filing obligations will be subject to permit suspension or revocation.

I certify under the penalties of perjury that, to the best of my knowledge and belief, each of the above has filed all required federal and state tax returns and paid all applicable federal, state and Town of North Attleboro taxes required under law.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title