

**WELL INSTALLATION PERMIT**

Application fee: \$100.00

Make check payable to: **Town of Pembroke**

The Commonwealth of Massachusetts  
Town of Pembroke

**APPLICATION FOR PERMIT – PART I**

Permit No.: \_\_\_\_\_ Application Date: \_\_\_\_\_

Date Permit Issued: \_\_\_\_\_ Well No.: \_\_\_\_\_ Date Issued: \_\_\_\_\_

In accordance with the provisions of the Statutes relating thereto, application for a Permit is hereby made by

Homeowner name: \_\_\_\_\_

Homeowner address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Well Installer: \_\_\_\_\_

Address: \_\_\_\_\_  
(# street) (city) (state) (zip)

Telephone: \_\_\_\_\_

Drinking well: \_\_\_\_\_ Irrigation well: \_\_\_\_\_

\_\_\_\_\_  
(Applicant signature) Date: \_\_\_\_\_

- Permit application forms **must** be accompanied by a plot drawing showing house location, septic tank leaching area and “proposed” well location.
- Upon approval, well permits are issued in the name of the well driller.
- An electrical permit **must** be applied for at the Building Department. A copy of this well permit will be provided to the Building Department as notification of permit application.
- A copy of laboratory test results following installation **must** be forwarded to the Board of Health office along with a copy of the electrical permit before issuance of a well number.

Approved: \_\_\_\_\_  
(DPW signature)

Rejected: \_\_\_\_\_  
(DPW signature)

Approved: \_\_\_\_\_  
(Health Agent signature)

Rejected: \_\_\_\_\_  
(Health Agent signature)

I, the undersigned, understand that once the well installer’s name is inserted above, this permit application form is **nontransferable**. If any changes are made, a new application with all necessary paperwork **MUST** be submitted.

\_\_\_\_\_  
(Property owner signature)

\_\_\_\_\_  
(Date)

**DEPARTMENT OF PUBLIC WORKS**

Application Fee: \$35.00

Make checks payable to: **Town of Pembroke, DPW**

APPLICATION FOR PERMIT - PART II

**DEPARTMENT OF PUBLIC WORKS**

(Must accompany Part I)

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

Name: \_\_\_\_\_  
(print clearly)

Address: \_\_\_\_\_  
(# street)

\_\_\_\_\_  
(city) (state) (zip)

Before occupancy or operation, you are responsible to call the DPW for Cross Connection Inspection. At time of pulling a permit for a well at the Board of Health, you are required to pay a \$35.00 fee, payable to Town of Pembroke, DPW.

\_\_\_\_\_  
(applicant signature)