

WELL INSTALLATION PERMIT

Fee: \$75.00 (payable to Town of Hubbardston)

Check # _____

Street Number _____ Street _____

Assessors' Map _____ Parcel _____ Lot Number _____ Lot Size _____

Date of Application _____

Applicant

Address of Applicant

Telephone Number of Applicant

Owner

Address of Owner

Telephone Number of Owner

Name of Registered Well Driller	
Registration Number of Well Driller	
Date of Well Completion Report Received	
Date of Coliform Test:	Results:

*Water must be tested by a laboratory which is listed by the Department of Environmental Protection as Mass State certified.

Second Water Test Must be a Minimum of 30 Days Subsequent to Initial Test

Date of Second Water Testing: _____ Results: _____

Treatment Device Installed: _____ Type _____

Date of Treatment Device Testing _____

Results: _____

Comments: _____

Pursuant to the provisions of M. G. L. Chapter 40, Section 578, certification that no debt is owed to the Town of Hubbardston by the applicant or the owner of record must be obtained from the Tax Collector prior to submitting this form to the Board of Health.

ConCom Sign Off _____ Date: _____

No Debt is Owed: _____	Debt is Owed: _____
Signature of Tax Collector: _____	Date: _____

On back of this form, please draw a plot plan which includes the following:

1. Lot Lines
2. Location of Existing and proposed Buildings
3. Location of Well
4. Location of Septic System