



**TOWN OF DOUGLAS
BOARD OF HEALTH
29 DEPOT STREET
DOUGLAS, MA 01516**

(508) 476-4000 x. 352
kharris@douglasma.org

**508-476-0023 FAX
508-476-1619 TTY**

APPLICATION FOR WELL SITE APPROVAL

FEE: \$75.00 DATE: _____ PERMIT #: _____

APPLICATION IS HEREBY MADE FOR A SITE PERMIT TO INSTALL AN ARTESIAN WELL FOR DRINKING WATER PURPOSES:

STREET LOCATION _____ LOT # _____

OWNER _____

ADDRESS _____ TEL. # _____

INSTALLER _____

ADDRESS _____ TEL. # _____

TYPE OF WELL, IF OTHER THAN ARTESIAN _____

WILL THIS BE A DUAL PURPOSE WELL? _____

IF SO, WHAT PURPOSE? _____

SIGNATURE OF APPLICANT



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