



# Well Installation Permit Application

Acton Board of Health  
Health Dept. Phone: 978-929-6632

[www.acton-ma.gov](http://www.acton-ma.gov)  
[health@acton-ma.gov](mailto:health@acton-ma.gov)

## Form A-4

No. \_\_\_\_\_

Fee Total: \_\_\_\_\_

### Fee

Monitoring Well	_____	\$50
Irrigation Well	_____	\$100
Drinking Water Supply Well	_____	\$130
Water Quality Certification	_____	\$45
Cooling and Heating Well	_____	\$125

### Property Information:

Address: \_\_\_\_\_

Owner: \_\_\_\_\_

Phone: \_\_\_\_\_

Owner Mailing Address: \_\_\_\_\_

### Installer Information:

Company: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

Please attach a plan to scale showing the location of the proposed well at this site. Include on this plan the lot to be served with boundaries, any existing or proposed sewage disposal systems and reserves areas, and existing contours.

I, the undersigned, certify that all the above information is accurate to the best of my knowledge and belief. 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

\_\_\_\_\_  
Date

### Drinking Water Supply Well Only:

I understand that I must demonstrate in the presence of the Board of Health or their Agent the yield (rate of flow) of this well before I remove my equipment from this site.

Signed \_\_\_\_\_  
Commonwealth of Massachusetts  
Water Resources Commission  
Registration Number \_\_\_\_\_

Note: Private and Semi-Public Water Supplies must be located a minimum of 50 feet away from any building sewer, a minimum of 25 feet from any street, public or private way or easement, a minimum of 50 feet from any septic tank, and a minimum of 100 feet from any sewage disposal system, reserve area or Privy.