

**TOWN OF LEVERETT
BOARD OF HEALTH**

APPLICATION FOR WELL CONSTRUCTION/DESTRUCTION PERMIT

Application Fee: \$75

I, (Please Print) _____, hereby request a permit to (circle appropriate)
(print your name here and sign at bottom of page)
construct / destroy a well located at _____.

The Well Driller is _____
Certificate No. _____
Date of Application _____
BOH Fee Paid \$ _____ Rec'd by _____
Assessor's Map & Lot No. (required) _____

TOWN OF LEVERETT
BOARD OF HEALTH
PO BOX 300
LEVERETT, MA 01054

Is **Conservation Commission** Approval required? _____

Sketch of Property Below (not to scale):

- Show well location, measurements and landmarks.
- For well construction, show all septic systems (including neighbor's) within 150 feet of the proposed well location.
- Show required setbacks from roads, property lines, etc.

- Deliver or mail a copy of this permit to the Board of Health within two weeks of well completion.
- Note any changes from the proposed well location sketched above. Show actual distances.

Additional Permit Conditions:

✓ Applicant Signature _____ Date _____

Approved by _____ Date _____

Board of Health Member or Agent

Note: This permit expires **one year** from the approval date. **Do not drill with an expired permit!**