



**Well Installation
Permit Application**
Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
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.