



Town of Fairhaven
Board of Health
40 Center Street
Fairhaven, Ma 02719



WELL PERMIT APPLICATION

Date _____ Permit No. _____

Property Owner: _____
& Address _____

Well Contractor/Co: _____
& Address _____

Phone # _____ Email: _____

Location/Address of Well: _____ Plat: _____ Lot: _____
(Sketch in well location & distances to any septic system and boundary lines on reverse side of this form or attach plan)

Well use (circle): primary water supply agricultural/irrigational

Distance from sewerage system or other sources of contamination:

I certify that a copy of the water well completion report will be submitted to the Fairhaven Board of Health within 30 days of completed well construction/drilling.

I certify that the water sample will be taken from the well for which the approval is sought and as indicated on the plan submitted.

The results will be analyzed at the following laboratory:

Lab mailing address:

Signature of Well Driller/Ma License #

Signature of Health Agent for Approval

Date