

TOWN OF FRANKLIN
BOARD OF HEALTH

Bruce J. Hunchard, Chairman
Dr. Mario DeBaggis, V. Chairman
Dr. Darrolyn Lindsey, Member
David E. McKearney, R.S., Health Agent/Director

Municipal Building
355 East Central Street
Franklin, MA 02038
(508) 520- 4905

NO. _____

FEE _____

APPLICATION FOR PRIVATE WELL CONSTRUCTION PERMIT

Application is hereby made for a permit to construct () or repair () an individual well.

Location Address

Lot Number

Name of Owner

Address of Owner

Is the Well within One Hundred Feet (100 ft) of a Right-of-Way? _____

If Yes: Type of Right-of-Way (i.e.) Railroad, Power Line, Communication Lines,
Pipelines, Channels, Conduits.

Explain: _____

Installer: _____

Address: _____

Registration No. _____

Municipal Sewer ()

Septic Disposal System ()

A plot site plan shall accompany applications showing location of a proposed well site and shall be located at least fifteen feet (15') from lot line, fifty feet (50') from any septic tank and one hundred feet (100') from any leaching system, or any other such greater distance as may be required by the BOARD OF HEALTH. Right-of-way within one hundred feet (100'), and WELL HEAD shall be indicated on Plot Plan.

Signed: _____
Owner/Operator

Date: _____

Application Approved by: _____ Date: _____

Application Disapproved for the following reasons _____

Installation Date _____ Depth of Well _____

GPM _____