

Town of Franklin

Board of Health



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NO. _____

FEE \$123.00

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 _____

Site Well Approval Application

Board of Health Franklin

Site Drawing

- Sketch the property and location of the water supply. Include the scale of the drawing and distances to known sources of contamination (for example, contaminant plume, septic systems, gas tanks, factories, hazardous waste storage, drain tiles, animal pens, etc.)
- Show slope arrows from well and contamination sources, if lot is sloped
- Attach any extra sheets of other information, which may be useful in describing your situation

(North)

SITE DRAWING

- BOH personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN APPROVAL DOCUMENT.
- I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if an approval can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting an approval the Department does not guarantee acceptable water quality or quantity.

Owner's Signature _____

Name and Address of Well Driller, Well Contractor or Pump Installer, if known

Date Signed _____