



TOWN OF FREETOWN  
OFFICE OF THE  
BOARD OF HEALTH

3 North Main Street  
P.O. Box 438 – Assonet, Massachusetts 02702  
Tel: (508) 644-2202

APPLICATION FOR WELL PERMIT

DATE: \_\_\_\_\_

NAME OF APPLICANT (WELL DRILLER): \_\_\_\_\_ LIC. #: \_\_\_\_\_

ADDRESS OF WELL DRILLER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

PROPERTY OWNER: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS WHERE PORPOSED WELL TO BE LOCATED: \_\_\_\_\_

A copy of the plot plan of the property, including shape, dimensions, and street location, is to be submitted with this application or a plot plan layout may be drawn on the back of this form. The plot plan must include the following:

- A. Exact building location on the lot.
- B. Location of proposed well.
- C. Location of proposed sewage disposal system (including all measurements).

The production rate of the well in gallons per minute and the date of completion must be included. A statement must be on water test confirming water is potable.

The undersigned hereby applies for a permit to construct a well according to the rules and regulations of the Commonwealth of Massachusetts and the Protective By-Laws of the Town of Freetown.

\_\_\_\_\_  
(Signature of Well Driller)

OFFICE USE ONLY

APPLICATION APPROVED:

WELL PERMIT #: \_\_\_\_\_

FEE: \$150.00

PAID: \_\_\_\_\_

CASH: \_\_\_\_\_

CHECK: \_\_\_\_\_  
3/1/11

\_\_\_\_\_  
(Signature of Board of Health Agent)

Date of Approval: \_\_\_\_\_