TOWN OF NORTON

BOARD OF HEALTH

APPLICATION FOR NON-POTABLE WELL _____

APPLICATION FOR POTABLE WELL _____

DATE: _____ FEE: $50.00

PERMIT#: _____ CHECK#: _____

LOCATION OF SITE: _____
STREET # STREET

MAP: _____ PARCEL: _____

OWNER OF PROPERTY: _____

OWNER PHONE #: _____

WELL DRILLER: _____

LICENSE#: _____

HAS THE LOCATION OF THE WELL BEEN STAKED BY THE ENGINEER?

YES _____ NO _____

WHAT IS THE SQUARE FOOTAGE OF THE LOT WHERE THE WELL WILL BE INSTALLED?

_____

WHAT LABORATORY IS BEING USED? _____

AGREEMENT:

The undersigned hereby agrees to comply with the requirements of the Norton Board of Health Well Regulations. Adopted under the authority of Massachusetts General Law Section 31, Chapter III and Article II of the Massachusetts State Sanitary Code.

_____ _____
Well Drillers Signature Date

_____ _____
Health Agent Signature Date

All test results will be submitted to the Board of Health. They must meet the chemical and bacteriological Water Quality Sampling criteria set by the Norton, Board of Health, or be brought up to the standards by the owner through filters of chemical treatment.

NOTE:

If installing the pump you must be licensed in Norton. A separate permit is required for $25.00 This permit MUST be returned to the Board of Health.

NOTE:

If the well is a non-potable well Coliform bacteria not to exceed 0/100 mg at 35 degrees Celsius and and Standard Plate count not to exceed 100/100 ml.