



TOWN OF EASTHAM Board of Health

2500 State Highway, Eastham, MA 02642
Health Department (508)240-5900 x3230
www.eastham-ma.gov

Site plan showing proposed well
OR Homeowner well disclaimer
required with permit application

WP# _____

Fee: _____

APPLICATION FOR WELL CONSTRUCTION PERMIT

APPLICATION IS HEREBY MADE FOR A PERMIT TO CONSTRUCT () OR DEMOLISH () A WELL AT:

_____ STREET ADDRESS MAP - PARCEL OWNER'S NAME

_____ WELL DRILLER NAME & REGISTRATION NUMBER WELL DRILLER MAILING ADDRESS

_____ WELL DRILLER CONTACT INFORMATION SIZE OF WELL IF 4", NAME OF ELECTRICIAN

Type of Building: Dwelling Commercial Other _____

Well Use: Consumption Irrigation Monitoring Other _____

Design Capacity of Water System: _____ Nature of Repairs: _____

Agreement: The undersigned agrees to install the afore described well in accordance with the provisions of the Town of Eastham Board of Health Regulations Section II: Drinking Water. The undersigned further agrees not to place the system in operation until the Certificate of Potability Compliance has been issued by the board of health.

Well Driller Signature: _____ Date: _____

Application Approved by: _____ Date: _____

EASTHAM BOARD OF HEALTH - CERTIFICATE OF POTABILITY COMPLIANCE

WP# _____

_____ STREET ADDRESS MAP-PARCEL

Routine Water Quality Analysis Report _____ Final Well Depth _____

Volatile Organic Compounds Analysis Report _____ Well Completion Log _____

Approved by: _____ Date: _____

EASTHAM BOARD OF HEALTH - WELL CONSTRUCTION PERMIT

WP# _____

Permission is hereby granted _____ to construct or demolish a well at

_____ WELL DRILLER _____

_____ for _____

_____ STREET ADDRESS MAP-PARCEL OWNERS' NAME

Approved by: _____ Date: _____

Site Plan submitted or Homeowner Waiver or Variance Disclaimer

Well must not be connected until Certificate of Potability Compliance is issued.

*100ft maximum depth in designated areas