

FEE: see fee schedule.

Date: _____

Check #: _____



New Salem Board of Health
Town of New Salem
19 South Main Street
New Salem, MA 01355
Phone & Fax (978) 544-9673

APPLICATION FOR A WELL CONSTRUCTION PERMIT

Application Date: _____

Name of Applicant: _____

Phone/Email: _____

Name of Property Owner: _____

Location of Property: _____

Contractor Employed for Well Construction: _____

Well Contractors License # **(Copy of License must be attached)** _____

Engineer to do water testing: _____

_____ New Construction-New Dwelling

_____ Repair of Existing Approved System

Approved: _____

New Salem Board of Health