

Office of the Board  
of Public Health



Sutton Municipal Center  
4 Uxbridge Road  
Sutton, MA. 01590  
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**BOARD OF HEALTH  
REGULATIONS FOR PRIVATE WELLS**

**WELL DECOMMISSION APPLICATION**

**Non-Refundable fee of \$50.00**

**Payable to:** The Town of Sutton

Well Decommission Permit #: \_\_\_\_\_ MAP \_\_\_\_\_ PARCEL \_\_\_\_\_ LOT \_\_\_\_\_

(Must be obtained from The Assessors Department)

**Address of Well to be Decommissioned:** \_\_\_\_\_

Property Owner/Applicant: \_\_\_\_\_

Signature Owner/Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Well Driller Name : \_\_\_\_\_ Company Name: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

EMAIL: \_\_\_\_\_

Address: \_\_\_\_\_

Well Driller Signature \_\_\_\_\_ DATE: \_\_\_\_\_

Proof of Valid Registration required RIG # \_\_\_\_\_ REGISTRATION # \_\_\_\_\_

**REASON FOR DECOMMISSION:**

- A. Tie into Town Water \_\_\_\_\_
- B. Existing Well went dry \_\_\_\_\_
- C. Other Explain \_\_\_\_\_

**PLEASE FOLLOW THE DECOMMISSIONING REQUIREMENTS AS SPECIFIED IN  
THE TOWN OF SUTTON REGULATIONS FOR PRIVATE WELLS**

**This Permit is to be ON SITE at all times that work is taking place.  
VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE  
WELL PERMITS ARE NOT TRANSFERABLE**