



WELL PERMIT APPLICATION

Well Permit Application Fee: \$100.00 and **Well Plan Review:** (if not submitted with a septic design): \$100.00
One Application Fee and One Application Form for EACH Well is REQUIRED. Must adhere to Sutton Well Regulations.
Fees are Non-Refundable - Checks Payable to: The Town of Sutton

WELL Address: _____ Map, Lot, Parcel#: _____
 (Must be obtained from Assessors)

Circle as applicable: •New • Deepen •Hydrofracking

•Domestic • Potable •Heat •Irrigation Only •Geo Thermal Closed Loop •Geo Thermal Open Loop

Property Owner: _____

Address: _____

Email (REQUIRED): _____ Phone#: _____

Signature of Owner: _____ Date: _____

Must submit QUALITY Testing Results to the BOH OFFICE (Refer to Sutton Well Regulations)

Well Driller Company: _____ Address: _____

Well Driller Print Name: _____ Driller Registration _____

Email Address (REQUIRED): _____ Rig# _____

I hereby certify that I am a current Massachusetts licensed well driller in good standings and this well will be installed in accordance with Sutton Well Regulations. A Well completion report will be submitted to the BOH office within 30 days.

Signature: _____ Date _____

REQUIRED INFORMATION FOR WELL CONSTRUCTION PERMIT: (refer to Sutton Well Regulations)

A Well location plan with original wet stamp by a P.E. or Sanitarian is required:

A current septic system plan may be used for this purpose (reference Septic Repair/Install Permit # _____)

Plan must contain statement: "NO SAS EXISTS WITHIN 100' OF THE PROPOSED WELL (Show a 200' Circle Radius) and must contain descriptions of visible and prior/current land uses within two-hundred feet (200') of the proposed well location, which represent a potential source of contamination, including but not limited to the following:

- Existing and proposed structures
- Subsurface fuel storage tanks
- Utility rights-of-way
- Subsurface sewage disposal systems
- Public ways
- Any other potential sources of pollution

***NOTE:** If you are replacing an existing well you **MUST** complete a Well Decommission Application

Office use Only:

WELL PERMIT

Approved: YES or NO

Well PERMIT # _____

Signature of Board of Health Office: _____ Date: _____

This Permit is to be ON SITE at all times that work is taking place. Permits are Non-Transferable.
 VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE.