

Well Permit Application and Drilling Information
Board of Health = Town of Tolland
Tolland, Massachusetts 01034

Instructions

1. Complete and sign the form.
2. Send one(1) copy of this form to the Tolland Board of Health, attn: Valerie Nickerson along with a check for \$50 payable to the Town of Tolland

Date:

Owner Information

Name:

Mailing Address:

Home Address (if different)

Email:

Phone:

Well Location Address:

Sketch of Well location: (To be completed by Owner) Below, draw a sketch showing outline of property including well location, buildings, septic systems, sewer lines, drainage areas, underground oil tanks, etc. within 300 feet of proposed well.

Owner Signature: _____ **Date:**

Well Driller Information

Name of Firm:

License Number:

Address:

Email:

Phone:

Well Information (completed by Driller)

New Repair

Well Use (check one): Domestic Public Industrial

Method Used: Rotary (type) Other (explain)

Static Water Level	Casing	Log of Formations
Feet below land surface:	Length:	Materials:
Date measured:	Diameter:	From: To:
	Type:	

Well Driller Signature _____ **Date:**

Health Department Information

Permission is hereby granted to the above owner for installation of a well at the above lot location.

Health Agent Signature _____ **Date:**