

Well Permit Application and Drilling Information
Board of Health 241 West Granville Road Tolland, Massachusetts 01034
FILLABLE FORM

Instructions

1. Complete and sign the form.
2. Send one (1) copy of this form to the Tolland Board of Health, Attn: Valerie Nickerson. Include a check to Town of Tolland for \$100.

Date _____

Owner Information

Name _____

Mailing Address _____

Well Location Address _____

Lot Location – Assessors Map and Lot # _____

Phone _____ **Cell Phone** _____

Email _____

Sketch of Well location: (To be completed by Owner) Attach drawing or... 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 _____

Phone _____ **Cell Phone** _____

Email _____

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 _____
	Type _____	To _____

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 _____