



METHUEN HEALTH DEPARTMENT

90 Hampshire Street

Methuen MA 01844

Telephone: 978-983-8655 Fax: 978-983-8988

Application to Drill a Well

(To be completed by drilling company)

FEE: \$40.00 Permit #

Purpose of Well: Irrigation Monitoring Potable Water Supply

NAME AND ADDRESS OF PROPERTY OWNER

FULL NAME:		Telephone:
ADDRESS: Street name and number	City	State and Zip Code
TYPE OF STRUCTURE SERVED:		
ADDRESS OF SITE:	NUMBER OF PEOPLE SERVED:	NO OF BEDROOMS:

DRILLING COMPANY

COMPANY NAME:	Telephone:
COMPANY ADDRESS:	City State and Zip Code
WELL DRILLER'S NAME & MA LICENSE NUMBER	

LIST, DESCRIBE, AND LOCATE CURRENT AND PAST LAND USES WITHIN 200 FEET OF PROPOSED WELL LOCATION, INCLUDE POTENTIAL CONTAMINATION SOURCES (USE BACK SIDE IF NEEDED):

Subsurface sewerage disposal systems:	Subsurface fuel storage tanks:	Utility rights of way:
Existing structures:	Proposed Structures:	Public Ways:
Other potential sources:		

ATTACH a plan, drawn to scale, and signed by a registered surveyor or engineer showing existing conditions, location of proposed well(s), subsurface sewerage disposal system and subsurface fuel storage tanks and other existing land conditions.

Potable Water supply shall be analyzed for the following: inorganic chemicals - arsenic, nitrate, copper, selenium, lead, and mercury; total coliform; and national secondary drinking water standards. Board of Health may require additional tests when necessary. The applicant shall submit certified laboratory results to the Health Department.

Well Driller's Signature: _____ Date: _____