



Town of Northbridge
 Board of Health
 7 Main Street
 Whitinsville, MA 01588
 Phone (508) 234-3272 Fax (508) 234-0821

APPLICATION FOR DE-COMMISSIONING OF WELL

Fee: \$ 50.00

(Check made payable to the Town of Northbridge)

PERMIT #: _____

APPLICATION IS HEREBY MADE FOR A PERMIT TO DE-COMMISSION A WELL:

WELL LOCATION:

STREET ADDRESS _____

LOT#: _____

REASON FOR WELL DESTRUCTION _____

(New well to be drilled, connecting to town water, test hole, dry inadequate boring)

PROPERTY OWNER

OWNER NAME & ADDRESS: _____

_____ **PHONE#:** _____

WELL DRILLER INFORMATION

WELL DRILLER NAME & ADDRESS: _____

PHONE#: _____

DEM REGISTRATION #: _____

A copy of the **Decommissioning Report**, after being recorded in the Worcester Registry of Deeds, shall also be filed with the Northbridge Board of Health office.

I have received a copy of the most recent guidelines established by the Department of Environmental Protection for the decommissioning of wells and agree to abide by them.

 Signature of Applicant*

 Date

*If applicant is not the owner of the property, the applicant shall provide the property owner with information regarding their responsibilities in this matter (i.e, recording of the Decommissioning Report)

This permit is not valid unless signed below by the Board of Health or its Agent.

Approved by: _____

Board of Health Agent

Date of Issue: _____

Expiration Date: (One Year from Date of Issue) _____