

Fee: \$150 Check Use: Domestic Irrigation Both Geothermal

Owner: Name: _____ Tel. # _____

Well Driller: Name: _____ Tel. # _____

- Provide **Proposed Well Location** - plan drawn to scale: Date of plan: _____
- **Secure any and all other permits** as required by the Laws of the Town of Holliston and the Commonwealth of Massachusetts, including contacting the Building and Water Departments.
- No occupancy (new construction) or use of well until final approval to use the well below.

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PERMIT NO._____

Date: _____ **Board Of Health Agent:** _____ **Date Cc: Building Inspector**

Date Cc: Building Inspector_____

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Received: Wellhead Water Analysis Wellhead Flow Data Wellhead V.O.A. Data

Date Cc: Building Inspector, DPW, Owner & Driller_____

Building Dept. Permits: Pulled: Wiring_____ Plumbing_____
Closed: Wiring_____ Plumbing_____

Domestic Use Only: DPW disconnection for existing house domestic use

Received: *Tap Water Analysis* *Tap Flow Data* *Tap V.O.A. Data*

Date: _____ **Board Of Health Agent:** _____

Date Cc: Building Inspector, DPW, Owner & Driller