



CITY OF GARDNER

BOARD OF HEALTH

ROOM 29, CITY HALL

GARDNER, MASSACHUSETTS 01440

(978) 630-4013

FAX (978) 632-4682



WELL PERMIT APPLICATION

Installation \$100.00 Fee Destruction/Alteration/Repair \$25.00 Fee

Private Drinking Water Supply Semi-public Drinking Water Supply Other

Site Location & Address: _____

Name of Owner: _____

Address: _____

City/State Zip: _____

Phone Number: _____

Lot Size: _____ Lot Number: _____ Septic System: Public Sewer

Name of well driller/contractor: _____

Address: _____ City/Town: _____

Phone #: _____ Registration #: _____

Name of pump installer: _____

Address: _____

City/State/Zip: _____ Phone: _____

Type of well proposed: _____ Water Line Pressure Suction

Building: New Existing Residential Commercial

Proposed well location: _____ Plan must be attached.

*Show distances from foundation, leaching area, septic tank, other wells, known sources of contamination etc.

Applicant Signature: _____ Date: _____

