

The Commonwealth of Massachusetts
Town of Pembroke

APPLICATION FOR REPAIR PERMIT

Permit No.: _____ Application Date: _____

Date permit issued: _____ Well No.: _____ Date issued: _____

In accordance with the provision of the Statutes relating thereto, application for a Permit is hereby made by:

Homeowner name: _____

Homeowner address: _____

Telephone: _____

Well installer: _____

Address: _____
(# Street) (City) (State) (Zip)

Telephone: _____

Drinking well: _____ Irrigation well: _____
(all wells regardless of use are treated as drinking wells i.e. must be tested potable)

Applicant signature: _____ Date: _____

- Permit application forms **must** be accompanied by a plot drawing showing house location, septic and current well location (as-built).
- Upon approval, well repair permits are issued in the name of the well driller.

Approved:

Rejected:

(Health Agent signature)

(Health Agent signature)

I, the undersigned, understand that once the well installer's name is inserted above, this permit application form is **nontransferable**. If any changes are made, a new application with all necessary paperwork **MUST** be submitted.

(Property owner signature)

(Date)