

The Commonwealth of Massachusetts  
Town of Pembroke

APPLICATION FOR PERMIT – Part 1 of 2

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 tank leaching area and “proposed” well location.
- Upon approval, well permits are issued in the name of the well driller.
- An electrical permit **must** be applied for at the Building Department. A copy of this well permit will be provided to the Building Department as notification of permit application.
- A copy of laboratory test results following installation **must** be forwarded to the Board of Health office along with a copy of the electrical permit before issuance of a well number.

Approved:

Rejected:

\_\_\_\_\_  
(DPW signature)

\_\_\_\_\_  
(DPW signature)

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)

DEPARTMENT OF PUBLIC WORKS

Application Fee: \$35.00

Make check payable to: Town of Pembroke, DPW

The Commonwealth of Massachusetts  
Town of Pembroke

APPLICATION FOR PERMIT – Part 2 of 2

Department of Public Works  
(Must accompany Part 1)

Date: \_\_\_\_\_

Homeowner Name: \_\_\_\_\_

(Please print clearly)

Homeowner Address: \_\_\_\_\_

(# Street)

\_\_\_\_\_  
(City)

\_\_\_\_\_  
(State)

\_\_\_\_\_  
(Zip)

Before occupancy or operation, you are responsible to call the DPW for cross-connection inspection. At time of pulling a permit for a well at the Board of Health , your are required to submit a separate check in the amount of \$35.00 payable to the Town of Pembroke, DPW.

\_\_\_\_\_  
(Applicant signature)