

Well Use Permit/Water Supply Certificate Application

Date: _____

Application Type:							
☐ New. Attach:		Renewal. Atta	ich:				
Copy of BPHC Well Construction Pe		BPHC Well Reg. Number:					
■ BPHC Well Reg. Number:			Vell Use Permit Nu				
 Copy of Massachusetts DEP Well Co Report 	commissio	commission) for permit fee:					
 Copy of ISD Building Permit under well was constructed 		\$100 for a geothermal, irrigation, or industrial well\$600 for a human consumption water					
 Check/MO (payable to Boston Pul Health commission) for permit fee \$100 for a geothermal, irriindustrial well \$600 for a human consump water well 	e: gation, or	well (this covers \$100 use permit and \$500 water supply certificate)					
Well Type: ☐ Irrigation or Industrial Well ☐ Attach copy of most recent (wit ☐ Human Consumption Water Well ☐ Attach copy of most recent (wit ☐ If renewal, previous BPHC Wa ☐ Geothermal Heating/Cooling Well (no ad	thin prior two n	nonths) water sa ificate number:	mpling and quality				
Well Owner:							
							
Street Address		City	State	ZIP Code			
Contact Person	Phone	Fax	E-mail				
I certify that all construction, renovation, a all necessary building, plumbing, electrical Massachusetts Regulations.	-						
Well owner signature		Date					
Mail Completed application to: Environmental Health Office; Boston 1010 Massachusetts Avenue, 2 nd floo							



Well Use Permit/Water Supply Certificate Application

Date: _____

Well Location	Well Location:									
	Street Number	Street Name		Ext.	Neighborhood	ZIP Code				
	-									
	Location on property									
Well Type:										
	Potable Water	Non-potable water	Geothermal							
	lumber Certif		all on	and that	the well and connec	tad aquinment is:				
_	t i mspected ti ly in active use		en on	and that	the well and connec	ted equipment is:				
	•	mbed according	to annlicable c	ode						
	• •	Boston Water an	* *		supply lines					
					ropriately metered ar	nd permitted by				
		ver Commission	or or storm ara	т итеза ирр	ropriatery inetered ar	id permitted by				
☐ If non-p	otable water (i	irrigation or indu	strial use) all f	ixtures/fauce	ts are clearly marked	"non-potable				
		nd are bright ora			·	_				
Licensed Pl	umber Signatu	ıre	Date	 ;						
Plumber Name		Busii	Business Name		License Number					
Business Ad	ddress		City	Sta	ate ZIP Cod	le				
Phone			– – – – – – – – – – – – – – – – – – – 		Website					
To be comple	eted by BPHC S	taff:								
A DDI ICAT	PION DICDO	CITION								
APPLICAT	TION DISPO	SITION								
				e expires 12	months from its date	of issue unless				
•		d, or modified by	the BPHC.							
Con	ditions:									
Approved b	y:		Date:	We	ll Use Number:					
□ Wel	l Use Permit l	Denied								
	sons for Denia									
Keas	sons for Deilla	1.								
Deni	ied by:			Da	ite:	_				