

FEE \$ 165.00

TOWN OF LONGMEADOW  
BOARD OF HEALTH

APPLICATION FOR PERMIT TO SITE PRIVATE WELL

The undersigned owner hereby applies for a permit to install and maintain a well on his premises which will not be cross-connected in any manner with the municipal water system.

1. Owner's name and address \_\_\_\_\_  
\_\_\_\_\_

2. Contractor's name and address \_\_\_\_\_  
\_\_\_\_\_

3. Type of Well: Subterranean \_\_\_\_\_ Shallow \_\_\_\_\_

4. Approximate depth \_\_\_\_\_

5. Purpose \_\_\_\_\_

6. Other systems on premises

a. Subsurface sewage disposal system Yes \_\_\_\_\_ No \_\_\_\_\_

b. Other well, if yes, purpose \_\_\_\_\_

7. Location of well (submit sketch of location on property including all pertinent fixtures)

Signed \_\_\_\_\_ Date \_\_\_\_\_

Note:

1. Analysis of water quality by certified testing laboratory must be submitted to Longmeadow Board of Health for all drinking water wells. Water quality must conform to Mass Drinking Water Standards.
2. Chapter III of the General laws of Massachusetts as amended under Section 160-A must also be complied with.

**PLOT PLAN**