



# Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: [boh@townofhardwick.com](mailto:boh@townofhardwick.com)

## WELL PERMIT APPLICATION

1. Fill out General Application and Contractor Information.
2. Attach a check for \$50.00 made payable to the Town of Hardwick.
3. Mail to Board of Health, PO Box 575, Gilbertville MA 01031.
4. **INCLUDE** a plan indicating the location of the proposed well and distances to property lines, septic system components, wetlands and proposed (or existing) dwelling.
5. Upon completion of the Well, a copy of the State Required Report of Results, Water Quality Report and Well Completion Report must be submitted to the Board of Health.
6. Fees are non-refundable.

**PLEASE REMEMBER TO NOTIFY DIG SAFE AT 1-888-DIG-SAFE  
(1-888-344-7233) BEFORE COMMENCEMENT OF THIS PROJECT.**

Application is hereby made for a Permit to Install a Water Supply for (CHECK ONE):

Single Family       Multi-Family (Number of Units \_\_\_\_\_)       Commercial Building

Well type to be constructed (CHECK ONE):

Drilled       Dug       Gravel-Packed       Driven

Property Address where Well is to be Constructed (Number and Street Name):

\_\_\_\_\_

If Street Number is Unassigned:

Assessor's Map \_\_\_\_\_ Lot # \_\_\_\_\_ Builder's Lot # \_\_\_\_\_

Property Owner (if not Applicant) \_\_\_\_\_

General **Application** Information:

Applicant Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Contractor** Information:

Well Driller's Name \_\_\_\_\_

Driller's State Registration Number \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_