



Hardwick Board of Health

PO Box 575, Gilbertville MA 01031

Telephone (413) 477-6197 x108

Fax (413) 477-6703

Email: boh@townofhardwick.com

WELL PERMIT APPLICATION

1. Fill out General Application and Contractor Information.
2. Attach a check for \$90.00 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. Well Permits are valid for one (1) year after the Date of Signature
7. 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 Construction (CHECK ONE): New () Replacement () Abandon ()

Well Type (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 _____