



# CITY OF SALEM, MASSACHUSETTS

BOARD OF HEALTH  
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KIMBERLEY DRISCOLL  
MAYOR

LARRY RAMDIN, RS/REHS, CHO CP-FS  
HEALTH AGENT

## Well Construction Permit Application

Fee: \$180. Check payable to the City of Salem (no cash. No charge for monitoring wells)

Date: \_\_\_\_\_  
Location: \_\_\_\_\_ Salem, MA. 01970  
Owner: \_\_\_\_\_ Address \_\_\_\_\_ Tel. \_\_\_\_\_

Type of well: \_\_\_\_\_ Well use: \_\_\_\_\_  
Well Contractor: \_\_\_\_\_ Pump Contractor: \_\_\_\_\_  
Address: \_\_\_\_\_ Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Phone: \_\_\_\_\_  
Reg. #: \_\_\_\_\_

Have abutters been notified? (y) \_\_\_\_\_ How? \_\_\_\_\_

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*In the space provided below (or on back) show the location of the proposed well in relation to existing or proposed above or below ground structures. A description of visible prior and current land use within (200) feet of the proposed well location, which represent a potential source of contamination.*

*There is no fee for monitoring wells but a permit is required for installation.*

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B.O.H. use only      Check #:      Check date:      Permit #: