Application for Well Permit 2016
$50.00

Date_____

The undersigned hereby applies for a Permit in accordance with the provisions of the Statutes relating thereto:

_____#_____
Well Driller and Number

_____
Address

Address of Property _____
Map_____ Parcel _____

Type of Well Potable * ☐ Irrigation ☐

in said Town of Wilmington, MA, in accordance with the rules and regulations made under authority of said Statutes.

_____
Signature of Applicant

_____
Address

_____
Telephone #

_____
E-mail

_____
Fax #

_____
Owner's Authorization

* All potable wells must be 100' from all leach fields and 50" from all septic tanks.

Office Use Only
Date Received:_____
Amount Paid:_____
Check Number:_____
Permit Number:_____
Received By:_____

_____
Signature of Treasurer