



Town of Carlisle  
Office of  
BOARD OF HEALTH  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521

### APPLICATION FOR DOMESTIC WELL/PUMP PERMIT and OTHER WELL

Fee: Domestic - \$345.00 Geothermal (1-5 wells) - \$300 Repair - \$50.00  
Irrigation fee - Inquire

WELL Permit #: \_\_\_\_\_ Date Issued: \_\_\_\_\_ Fee Paid: \_\_\_\_\_

**Type of Permit: (Check)**

- New Well Construction**
- Repair of Existing Well**
- Decommissioning of Well**

**Type of Well: (Check)**

- Private Domestic Potable**
- Irrigation**
- Geothermal**

Property: \_\_\_\_\_

Drilling Company: \_\_\_\_\_

Map and Lot Number: \_\_\_\_\_

Address: \_\_\_\_\_

Well Owner: \_\_\_\_\_

City/Town and State: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Telephone: \_\_\_\_\_

Well Driller's Reg. #: \_\_\_\_\_

Email: \_\_\_\_\_

Septic Plan on file

Plot Plan Attached

An approved septic plan must be on file or a plot plan must be included with this application showing the proposed location of the well, all buildings, boundary lines, septic systems within 100', other wells, septage lines within 100', wetlands, driveways, and swimming pools. Any change of well location from that shown on an approved Septic Design Plan must have prior approval of the Board of Health or its Agent and be noted on the plan

**For replacement wells, applicant must certify in writing that abutting property files have been checked for septic system locations. Plans must be signed and dated by preparer.**

Nature of repair: \_\_\_\_\_

I have read the Town of Carlisle Water Supply Regulations (4/7/09) and agree to comply with all regulations. I understand I must submit a water quality analysis and well driller's report within 30 days of the well completion to the Board of Health.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

APPLICANT

Well & Pump Installation Inspection Report

PROPERTY: \_\_\_\_\_

Well Type: \_\_\_\_\_ Well used for: \_\_\_\_\_

Location of Well: \_\_\_\_\_

Well Inspection Drill Date: \_\_\_\_\_ Well Ended in What Material: \_\_\_\_\_

Depth to Bedrock: \_\_\_\_\_ Cased Depth: \_\_\_\_\_ Well Casing Used: \_\_\_\_\_

Drilled Depth: \_\_\_\_\_ Static Water Level: \_\_\_\_\_

Grouted/Sealed Date: \_\_\_\_\_ Well Depth: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Well Installation Approved: \_\_\_\_\_

Well Inspector

Pump Permit No. \_\_\_\_\_ Pump Installer: \_\_\_\_\_

Company: \_\_\_\_\_ License #: \_\_\_\_\_

Pump Inspection Date: \_\_\_\_\_

Flow Test: Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Flow test for four hours @ gallons per minute \_\_\_\_\_

Size of pump: \_\_\_\_\_ Model: \_\_\_\_\_ Size of Tank: \_\_\_\_\_

Depth of Pump: \_\_\_\_\_ feet Total Yield: \_\_\_\_\_ Gallons Per Minute (G.P.M.)

Water analysis report dated: \_\_\_\_\_

Date of inspection: \_\_\_\_\_ Pump Inspection Signoff: \_\_\_\_\_

Pump Inspector

TOWN OF CARLISLE WATER SUPPLY CERTIFICATE

Approved: [ ] Denied: [ ] Conditional Approval: [ ]

Conditions: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date: \_\_\_\_\_

Health Agent