



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

Tel.: (978) 369-0283
Fax: (978) 369-4521
boardofhealth@carlislema.gov

APPLICATION FOR DOMESTIC WELL/PUMP PERMIT and OTHER WELLS

Fees: Domestic Water Supply-\$345 Geothermal (1-5 wells)- \$325 Irrigation fee-\$100
Well Repair -\$50.00 Decommission Well -\$50 Hydrofracking-\$225

PAID

APPLICANT

Type of Permit: (Check) <input type="checkbox"/> New Well Construction <input type="checkbox"/> Repair of Existing Well <input type="checkbox"/> Decommissioning of Well	Type of Well: (Check) <input type="checkbox"/> Private Domestic Water Supply <input type="checkbox"/> Irrigation <input type="checkbox"/> Geothermal
Well Owner:	Drilling Company:
Property Address	Address:
Mailing Address	City/Town and State:
Telephone:	Telephone:
Email:	Well Driller Reg #:
<p> Septic Plan on file <input type="checkbox"/> Plot Plan Attached <input type="checkbox"/> 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. </p>	

For repair or decommissioning permits: **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: _____

WELL Permit # _____ DATE Issued: _____

Board of Health Approval: _____



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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 _____

TOWN OF CARLISLE