



# TOWN OF BRIDGEWATER

## BOARD OF HEALTH

BRIDGEWATER, MA 02324

ACADEMY BUILDING  
TELEPHONE (508) 697-0903

### APPLICATION FOR PRIVATE WATER SUPPLY (WELL) & REGISTRATION

New Well

Existing Well

In accordance with the Rules and Regulations of the Town of Bridgewater Board of Health  
\_\_\_\_\_ hereby applies for a permit to install a:

Portable Well

Irrigation Well

at: \_\_\_\_\_

The owner of this property is \_\_\_\_\_

The type of well to be installed at this site is: \_\_\_\_\_

I understand that I must confirm with the Town of Bridgewater's Rules and Regulations  
Governing Private Water Supplies and all other applicable rules and regulations (Conservation  
Commission, Water Department, Electrical Department, etc.)

APPLICATION APPROVED BY:	
_____	_____
Name	Date

Signed \_\_\_\_\_  
Commonwealth of Massachusetts  
Water Resource Commission  
Registration Number \_\_\_\_\_

Well Permit No. \_\_\_\_\_ Issued \_\_\_\_\_ Fee \_\_\_\_\_

**PLEASE ATTACH A PLAN TO SHOW SCALE SHOWING THE LOCATION OF THE PROPOSED WELL AT THIS SITE** Include on this plan the lot to be served with boundaries, any existing or proposed sewerage disposal systems and reserve areas, existing contours.

NOTE: Private Water Supplies must be located a minimum of 50 feet from any septic tank and a minimum of 150 feet from any sewerage disposal system and reserve area.

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(for office use only)

Office is in receipt of:

<input type="checkbox"/> well location plan	<input type="checkbox"/> Approved
<input type="checkbox"/> well log	
<input type="checkbox"/> acceptable lab report	<input type="checkbox"/> Disapproved
<input type="checkbox"/> wiring inspection	

by \_\_\_\_\_

Comments: \_\_\_\_\_

Fee: \_\_\_\_\_ Well Registration No: \_\_\_\_\_ Septic System No: \_\_\_\_\_