



THE COMMONWEALTH OF MASSACHUSETTS
Town of Hanover
APPLICATION FOR A WELL

Date: _____, _____

Permit Number: _____

An application is hereby made for a permit to construct a:

_____ Irrigation \$50.00 _____ Potable \$100.00 _____ Monitoring Wells

Type of Building lot: Residence: _____ Commercial: _____ Other: _____

Name

Address

City State Zip

Well Installers Name: _____ Tel: _____

Address: _____

The undersigned agrees to comply with all rules and regulations of the Board of Health pertaining to a water supply. The undersigned further agrees not to operate said well until final approval has been granted by the Board of Health (potable well) or Health Agent (Irrigation well)

(Signature of applicant)

Variances Issued: _____

Date _____
Board Member

Date _____
Board Member

Date _____
Health Agent

Application disapproved for the following reasons: _____

Address:

This section is to be filled out by the well driller:

Hanover's setbacks for irrigation wells: (see Regulations for Potable well setbacks)

50 ft. from leaching field

25 ft. from septic tank or sewer line

25 ft. from property line

Attach a copy of the septic As- built with the proposed well location in relation to the septic system and property lines. If no As-built is available, draw the location below of the proposed well in relation to the house, septic system and property line. Must show measurements. If the well is less then 50 ft. (must be at least 25 ft.) from the property line, you must locate the abutters septic system to ensure it meets the required 50 ft. setback from a leaching field.

Completion Report must be submitted by the Well Driller.

Name of driller: _____

Driller number# _____