

# ESSEX BOARD OF HEALTH PRIVATE WELL PERMITTING FORM

(Adopted for use by Board vote on 9-23-1997, revised 5-24-200, 1-3-2007 & 6-2-2021)

## PROPERTY INFORMATION

Name of Applicant: \_\_\_\_\_

Applicant's Phone: \_\_\_\_\_ Well is to be: ☐ installed ☐ abandoned

Address: \_\_\_\_\_ Map: \_\_\_\_\_ Lot: \_\_\_\_\_

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

Author & Date of Septic/Well Plan (if applicable): \_\_\_\_\_

Method used to substantiate that the proposed well will meet setback requirements from septic systems (100 feet) and

streets (25 feet): ☐ Approved Septic Plan ☐ Well Plan ☐ Site Visit ☐ Other: \_\_\_\_\_

## DRILLER'S PERMIT

Drilling Fee: \$100.00

Abandonment Fee: \$50.00

Name of Driller: \_\_\_\_\_

Driller's Phone: \_\_\_\_\_ Driller's Lic. # \_\_\_\_\_

☐ I hereby certify that I will drill the proposed potable water well at the location or range of locations allowed by the Essex Board of Health and will not vary from that location(s) without prior permission from the Board. I will not drill any well within 50 ft. of a septic tank, 100 ft. of a leach facility or cesspool, or within 25 feet of a public road.

☐ I hereby certify that I will abandon the well according to recommended professional standards in effect at this time.

\_\_\_\_\_  
*Driller's Signature*

\_\_\_\_\_  
*Date*

I have reviewed the well application for the above listed property and have used the above indicated method(s) to determine that the proposed well location meets the required setbacks. On behalf of the Essex Board of Health I hereby authorize the above named driller to ☐ drill ☐ abandon a well in the location described above (permit not valid until signed by both parties).

\_\_\_\_\_  
*Erin Kirchner, R.S., Administrator*

\_\_\_\_\_  
*Date*

## WATER SUPPLY (prior to use) or ABANDONMENT CERTIFICATE:

The well referenced and permitted on this form was ☐ drilled ☐ abandoned on \_\_\_\_\_.

*For new installation;* the State Well Driller's report, a water quality analysis report, and an as-built sketch\* depicting at least two ties to the well from permanent reference points are attached hereto. It has been demonstrated that the referenced well yields water of sufficient quality and sufficient quantity for its intended use and may hereby be placed into operation.

\* Check here if as-built location of well will be supplied on septic system as-built plan: ☐

ESSEX BOARD OF HEALTH by:

\_\_\_\_\_  
*Dr. David Driscoll*

\_\_\_\_\_  
*Ms. Sally Ann Rich*

\_\_\_\_\_  
*Dr. Fares Mouchantaf*

\_\_\_\_\_  
*Date*

Original: property owner

Cc: water department, well driller, file