

THE COMMONWEALTH OF MASSACHUSETTS  
TOWN OF HOLBROOK

APPLICATION FOR PERMIT TO Install a Well

FEE: \$100.00

DATE: \_\_\_\_\_

Payment is Due with Application

NAME OF BUSNISS \_\_\_\_\_

BUSNISS ADDRESS \_\_\_\_\_

ADDRESS OF WELL DRILLING \_\_\_\_\_

NAME OF HOME OWNER \_\_\_\_\_

Distance form all on site sewer disposal systems in the area (must be 100 feet from all onsite  
Sewer disposal Systems) \_\_\_\_\_

Distance for house \_\_\_\_\_

Distance from Lot lines \_\_\_\_\_

Name of Owner (if different from applicant) \_\_\_\_\_

Potable or Non Potable Well \_\_\_\_\_

Well drilling License number \_\_\_\_\_

State of Incorporation \_\_\_\_\_ Name & Address of Local Agent \_\_\_\_\_

Emergency Response Person: Name \_\_\_\_\_ Tele. No. \_\_\_\_\_

Pursuant to M.G.L. Ch. 62C, sec. 49A, I certify under penalties of perjury that I, to my best  
knowledge and belief, have filed all state tax returns and paid all state taxes required under the law.

Signature of Applicant \_\_\_\_\_

Social Security Number or Federal Identification Number \_\_\_\_\_

Department of Revenue license number \_\_\_\_\_

Signature of Individual or Corporate Officer \_\_\_\_\_