

\$60 Fee Paid: _____
Permit Number _____
Issue Date _____
Block, Lot, Map # _____
If Map 15 Or 16, Unit # _____

*Application must be accompanied with required \$60 fee.
Check made be made payable to "Town of Sheffield".*

Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor; PO Box 325, Sheffield, MA 01257-0325
413-229-7000 Ext 157 Fax: 413-229-7010 Email: boh@sheffieldma.gov

Application for Well Decommissioning Permit

Name of Applicant / Owner: _____ Phone #: _____

Full Address: _____

Proposed decommissioned well address: _____

Block, Lot & Map # _____ If Map 15 or 16, Unit#: _____

Name of Well Driller: _____ License #: _____

Address: _____

Phone #: _____ Fax #: _____

Type of Well: (Check One) Shallow Deep

If a shallow well, who will decommission the well? (check one) Owner Well Driller

Reason for decommissioning the well: _____

Indicate if the decommissioning of any test holes or dry or inadequate borings are part of this permit:

I certify that a licensed electrician will perform all required electrical work and that I will comply with all applicable sections of the "Private Well Guidelines" and other requirements of the Massachusetts Department of Environmental Protection in this well decommissioning. I agree to provide a Well Completion Report within 30 days of decommissioning of the well.

Signed: _____ Date: _____

(Owner / Applicant)

(Rev. 2/12)