



**EASTON BOARD OF HEALTH
WELL APPLICATION**

WELL CONSTRUCTION PERMIT # _____ DATE: _____ FEE _____

DIG SAFE #: _____

Well Driller's Name: _____ Applicant's Name: _____

Address: _____ Address: _____

Tel #: _____

Reg #: _____

Proposed Location of Well: Latitude: _____ Longitude: _____

Proposed

Construction: GEOThermo _____ Drilled _____

Proposed Use of Well: Potable _____ Non-Potable _____

Is the Lot currently serviced by the Municipal Water Supply? _____

Distance to nearest on site septic field: _____ Tank: _____ Cesspool: _____

Is the proposed well location staked _____ If not, when: _____

Are all setback distances specified in 4.06 of Well Regulations satisfied: _____

If not, has a variance been granted by the Board of Health? _____

Date Variance Granted: _____

Is site plan attached? _____

PERMIT GRANTED _____ DATE _____ HEALTH AGENT _____

PERMIT GRANTED _____ DATE _____ CONSERVATION
COMMISSION

FOR ALL WELLS,
A HANDDRAWN PLAN IS REQUIRED

COMMENTS:

WELL DRILLER'S SIGNATURE
