

Town of Weymouth Massachusetts

Weymouth Health Department
Daniel McCormack, R.S., C.H.O.
Director of Public Health

Mayor Robert L. Hedlund



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HEALTH DEPARTMENT USE ONLY

Total Permit Fee: _____
Payment Type: _____
Date Received: _____

WELL CONSTRUCTION PERMIT APPLICATION

Property Information

Lot/block #			
Property Address:		Zip Code:	

Owner's Information

Owner's Name			
Mailing Address			
City, State, Zip			
Phone Number:		Email Address:	

Owner's Signature

Date

Drilling Company Information

Well Drilling Co.			
Well Driller Cert. #			
Phone Number:		Email Address:	

Certified Driller Signature (optional)

Date

Site Plan attached: Yes _____ No _____

This image shows a single page of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page, leaving small margins at the top and bottom. There are no vertical margin lines, and the paper is otherwise completely blank.

Abutting Property Notification attached: Yes _____ No _____

Fee: Please submit a check payable to the Town of Weymouth, per the most current Health Department fee schedule.

Important Notes: In order to obtain a well certificate, submit four copies of the following documentation to the Health Department when all are complete: a copy of the well construction permit, a copy of the Water Well Completion Report, a copy of the Pumping Test Report, and a copy of the Water Quality Report.

Upon review of these documents, the Health Department will issue, deny, or conditionally approve the Well Certificate. Well certificates shall be renewed every 10 years.

Disclaimer: The issuance of a well permit shall not be construed as a guarantee by the Weymouth Health Department or its agents that the water system will function satisfactorily nor that that the water supply will be sufficient quality or quantity for its attended use.

OFFICE USE ONLY

Permit Issued Date
Permit Number