Appendix B

TOWN OF MEDWAY

BOARD OF HEALTH

WATER SUPPLY CERTIFICATE

This is to certify _____

(Well Drilling Company)

Certificate #_____, has sited and constructed_____ destroyed_____ a well for

_____

(Property Owner)

well permit #_____, on _____, at _____,

(date) (address)

And has been installed in accordance with the provisions of the Medway Board of Health's Private Well Regulation. Water Quality and Quantity Standards were met after pumping the well as described in the Regulation.

Type of well: _____ Well Yield: _____GPM

Attached copy of the Well Completion Report

Name of Water Quality Testing Laboratory: _____

State Certification #:_____ Date of Testing: _____

Attached copy of analytical testing report

If the purpose of this well changes from that which is specified on this certificate, it is the responsibility of the owner to notify the Board of Health of its new use.

The issuance of this certificate shall not be construed as a guarantee that the system will function satisfactorily.

Permit granted conditionally as follows: *(if applicable)*_____

_____

_____

_____

_____

Approved By:

_____

_____

_____ _____

(Board Members/Health Agent signatures) (Date)