Appendix C

TOWN OF MEDWAY

BOARD OF HEALTH

APPLICATION FOR IRRIGATION & NON-POTABLE WELL REGISTRATION

Application is hereby made to register an irrigation and/or non-potable well.

Location Address:_____ Lot Number:_____
Assessor's Map Number:_____ Parcel Number:_____

Name of Owner:_____
Owner's Address:_____
Owner's Telephone:_____

Name of Well Driller:_____
Address of Well Driller:_____
Registration Number:_____
Telephone Number:_____

A plot plan (three copies) shall accompany this application. The plot plan shall show the location of the proposed well and all of the requirements as contained in the Rules and Regulations of Private and Semi-Public Water Supply of the Town of Medway.

Signature of Owner:_____ Date:_____

Application Fee: $100.00_____

Plot Plan Approved by Health Agent:

_____ Date:_____

Application (Approved) / (Not Approved) by the Board of Health:

_____

_____

_____ _____
(Board Members/Health Agent signatures) (Date)

Application Not Approved for the following reasons:_____

_____