



**TOWN OF MEDWAY**  
Board of Health  
155 Village Street  
Medway, Massachusetts 02053  
508.533.3206

**Irrigation / Non-Potable Well Registration**  
(Appendix C)

This application is hereby submitted to register an Irrigation and/or Non-Potable Well.  
Application fee is \$100.00. Checks can be made out to “*Town of Medway.*”

Medway Street Address: \_\_\_\_\_ Lot Number: \_\_\_\_\_

Assessor’s Map Number: \_\_\_\_\_ Parcel Number: \_\_\_\_\_

Property Owners Name: \_\_\_\_\_

Property Owners address (if different than above): \_\_\_\_\_  
\_\_\_\_\_

Property Owners Contact Number: \_\_\_\_\_

Signature of Property Owner: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Well-Driller: \_\_\_\_\_

Address of Well-Driller: \_\_\_\_\_

Registration Number: \_\_\_\_\_

Contact Number: \_\_\_\_\_

Please have three plot plans 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 for private and semi-private water supply for the Town of Medway.

Comments Regarding Approval / Non-Approval: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FOR OFFICE USE ONLY**

Permit No: \_\_\_\_\_

Date Rec’d: \_\_\_\_\_

Application Fee Received (\$100.00)      Y      N

Plot Plan Approved by BOH Agent:      Y      N

Application Approved:      Y      N