



TOWN OF MENDON

Board of Health

18 Main Street
Mendon, Massachusetts 01756
Phone number (508) 634-2656 Fax number (508) 478-8241
boh@mendonma.gov

Well Permit Application

Permit No. _____ Date: _____ Fee \$ _____
Cash/Check # _____

Construction _____ Repair _____ Irrigation _____ Abandon/Destruction _____

Name: _____

Address: _____

Phone Number: _____

Property owner, if different from applicant: _____

Map, Parcel, and Lot # of property: _____

Well Driller: _____ License # _____ (Attach copy of License)

Well Drilling Company: _____

Address of Company: _____ Phone: _____

Pump Installer: _____

Address: _____

New Building: _____ Existing Building: _____

Residential: _____ Other: _____ If residential # of bedrooms _____

Design Engineer or Registered Sanitarian:

Name: _____ Address: _____

License or PE # _____ (See copy attached) Phone: _____

Well Construction/Destruction Permit

The Mendon Board of Health hereby grants _____ denies _____ permission for
construction _____ destruction _____ of a well at the following location:

Address: _____

Date of Issue: _____ Expiration Date: _____

(One year from date of issue)

Restrictions/Extensions/Requirements _____

**(Please note that it is YOUR RESPONSIBILITY to contact the Board of Health at 508-634-2656 or
boh@mendonma.gov to find out if your water results have passed.)**

(Board of Health member signature)

(Date)