

TOWN OF SPENCER
Office of Development & Inspectional Services



Planning Board
Zoning Board of Appeals
Conservation Commission
Board of Health

Town Planner
Inspector of Buildings
Health Agent
Wetland/Soil Specialist

Memorial Town Hall
157 Main Street
Spencer, MA 01562

Tel: 508-885-7500 ext. 180
Fax: 508-885-7519

Well Construction Permit

APPLICANT

Name: _____

Address: _____

OWNER OF PROPERTY

Name: _____

Address: _____

LOCATION OF WELL

Street or Lot No.: _____

TYPE OF WELL Drilled _____ Dug _____

PURPOSE OF WELL

Drinking Water – Domestic _____ Irrigation Well _____

WELL CONTRACTOR

Name: _____

Address: _____

Massachusetts Registration Number: _____

**WATER TESTING MUST BE PERFORMED BY A MA DEP CERTIFIED
LABORATORY FOR ALL REQUIRED PARAMETERS.**

Attach sketch or plan showing the following: The building to be served property lines, location of existing, proposed or adjacent sewage disposal systems within 200 feet, sewer lines within 100 feet, and any other information required by the Board of Health or its Agent.

I hereby agree to comply with all Rules and Regulations of the Town of Spencer and the Commonwealth of Massachusetts regarding the installation of wells.

Signature: _____ Date: _____

Board of Health Agent: _____ Date: _____

For official Use Only:

Permit #: _____ Fee Paid: \$ _____ Check #: _____ Date Paid: _____