



**TOWN OF HALIFAX
COMMONWEALTH OF MASSACHUSETTS**

Board of Health

499 Plymouth Street, Halifax, MA 02338
Telephone (781)293-6768 * Fax (781)293-1738

Drinking Water Well Permit Application

Name: _____

Address: _____

Phone Number: _____

Well driller: _____

Address: _____

State Permit# _____

***** Requirements *****

- 1.) Plot plan required showing location of: house, property lines, septic system (including distance from abutter's) and proposed well (Well must be at least 100' from any septic system leaching area, including abutter's.)
- 2.) Fees: \$100.00 for drinking water
- 3.) Water must be collected and tested by a state certified lab of your choice to prove it is suitable for drinking and tested for VOC' s (volatile organic compounds).
- 4.) An electrical permit must be pulled with the Building Department.
- 5.) Well number and "Permit to Discharge" will not be issued until the test results are in the BOH office.