

CITY OF GLOUCESTER

Health Department
3 Pond Road, City Hall Annex
Gloucester, Massachusetts 01930
PHONE: 978-325-5260
healthdepartment@gloucester-ma.gov



Public Health
Prevent. Promote. Protect.

GLOUCESTER HEALTH DEPARTMENT WATER WELL CONSTRUCTION PERMIT

Fee \$125.00

Check # _____

Permission is hereby granted to: _____
Name/Company

City/State/Zip

Mass. Well Driller's License Number: _____

Phone Number: _____ Email: _____

Type of Well (Check Applicable)

<input type="checkbox"/>	Potable Water	<input type="checkbox"/>	Geothermal Open Loop
<input type="checkbox"/>	Non-potable Irrigation	<input type="checkbox"/>	Geothermal Closed Loop
<input type="checkbox"/>	Other (Explain): _____		
<input type="checkbox"/>	_____		

Address

Map / Lot Number

Signature of Installer

Date: _____

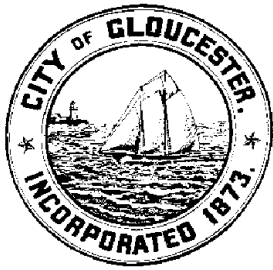
Name (Printed)

Signature of
Board of Health Representative

Date: _____

Has Plan Showing Location of Well in Relation to Septic/Sewer, Home/Buildings and Property Lines Been Included? If Geothermal, Documentation from DEP?

Cc: FILE
FAX – WATER COMPLIANCE OFFICE (978-281-9724)
ORIGINAL - WELL DRILLER



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WATER SUPPLY CERTIFICATE

(To be completed once passing water quality test results have been received and/or prior to issuance of an occupancy permit)

IS HEREBY ISSUED TO: _____
Homeowner

FOR THE PROPERTY
LOCATED AT: _____
Address Map/Lot #

Issuance of this certificate is consistent with Gloucester Board of Health Regulations which became effective October 15, 1990. The issuance of a Water Supply Certificate shall not be construed as a guarantee by the Board of Health or it's agents that the water system will function satisfactorily. The Gloucester Board of Health recommends that all water wells be tested quarterly for bacteriological parameters and that any change in usage of a water well be reported to the Office of the Gloucester Board of Health.

Authorized Board of Health Representative Date