



Town of Carlisle  
Office of  
BOARD OF HEALTH  
66 Westford Street  
Carlisle, MA 01741

Tel.: (978) 369-0283  
Fax: (978) 369-4521  
boardofhealth@carlislema.gov

**APPLICATION FOR DOMESTIC WELL/PUMP PERMIT and OTHER WELLS**

**Fees:** Domestic Water Supply-\$345    Geothermal (1-5 wells)- \$325    Irrigation fee-\$100  
Well Repair -\$50.00    Decommission Well -\$50    Hydrofracking-\$225

PAID

<p><b>Type of Permit: (Check)</b></p> <p><input type="checkbox"/> New Well Construction</p> <p><input type="checkbox"/> Repair of Existing Well</p> <p><input type="checkbox"/> Decommissioning of Well</p>	<p><b>Type of Well: (Check)</b></p> <p><input type="checkbox"/> Private Domestic Water Supply</p> <p><input type="checkbox"/> Irrigation</p> <p><input type="checkbox"/> Geothermal</p>
Well Owner:	Drilling Company:
Property Address	Address:
Mailing Address	City/Town and State:
Telephone:	Telephone:
Email:	Well Driller Reg #:
<p><b>Septic Plan on file</b> <input type="checkbox"/>                      <b>Plot Plan Attached</b> <input type="checkbox"/></p> <p>An approved septic plan must be on file or a plot plan must be included with this application showing the proposed location of the well, all buildings, boundary lines, septic systems within 100', other wells, septage lines within 100', wetlands, driveways, and swimming pools. Any change of well location from that shown on an approved Septic Design Plan must have prior approval of the Board of Health or its Agent and be noted on the plan</p> <p><b>For replacement wells, applicant must certify in writing that abutting property files have been checked for septic system locations. Plans must be signed and dated by preparer.</b></p>	

**APPLICANT**

For repair or decommissioning permits: **Nature of repair:** \_\_\_\_\_

I have read the Town of Carlisle Water Supply Regulations (4/7/09) and agree to comply with all regulations. I understand I must submit a water quality analysis and well driller's report within 30 days of the well completion to the Board of Health.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

WELL Permit # \_\_\_\_\_ DATE Issued: \_\_\_\_\_

Board of Health Approval: \_\_\_\_\_

Revised: 10/15/2018  
Fee updates 3/28/2019



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### Well & Pump Installation Inspection Report

PROPERTY: \_\_\_\_\_

Well Type: \_\_\_\_\_ Well Used For: \_\_\_\_\_

Location of Well: \_\_\_\_\_

Well Inspection Drill Date: \_\_\_\_\_ Well Ended in What Material: \_\_\_\_\_

Depth to Bedrock: \_\_\_\_\_ Cased Depth: \_\_\_\_\_ Well Casing Used: \_\_\_\_\_

Drilled Depth: \_\_\_\_\_ Static Water Level: \_\_\_\_\_

Grouted/Sealed Date: \_\_\_\_\_ Well Depth: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_ Well Installation Approved: \_\_\_\_\_

(Well Inspector)

Pump Permit No. \_\_\_\_\_ Pump Installer: \_\_\_\_\_

Company: \_\_\_\_\_ License #: \_\_\_\_\_

Pump Inspection Date: \_\_\_\_\_

Flow Test: Start Time: \_\_\_\_\_ Finish Time: \_\_\_\_\_

Flow test for four hours @ gallons per minute \_\_\_\_\_

Size of pump: \_\_\_\_\_ Model: \_\_\_\_\_ Size of Tank: \_\_\_\_\_

Depth of Pump: \_\_\_\_\_ feet Total Yield: \_\_\_\_\_ Gallons Per Minute (G.P.M.)

Water analysis report dated: \_\_\_\_\_

Date of inspection: \_\_\_\_\_ Pump Inspection Signoff: \_\_\_\_\_

(Pump Inspector)

### TOWN OF CARLISLE WATER SUPPLY CERTIFICATE

Approved: [ ]

Denied: [ ]

Conditional Approval: [ ]

Conditions: \_\_\_\_\_

Issued by: \_\_\_\_\_ Date \_\_\_\_\_

TOWN OF CARLISLE