



Lincoln Board of Health  
 16 Lincoln Rd  
 Lincoln, MA 01773  
 (781) 259-2613 FAX: 781-259-8729

**Property Information**

Address of Property \_\_\_\_\_

Owner Name \_\_\_\_\_

Phone Number \_\_\_\_\_ Assessor's Map \_\_\_\_\_ Parcel Number \_\_\_\_\_

Owner Mailing Address \_\_\_\_\_

Type of Property:    Residential    Commercial    Industrial    Agricultural    Institutional

**Well Driller Information**

Well Drilling Company (Agent) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Driller License Number \_\_\_\_\_

**Well Information**

Type of Well		Fees
	Private Water Supply	\$100
	Irrigation	\$75
	Geothermal	\$25
	Monitoring	\$25 ( <i>up to 5 wells on same parcel</i> )

Release Tracking Number (RTN) (Monitoring Wells Only) \_\_\_\_\_

I, the undersigned, hereby apply to the Concord Board of Health for a Permit to Construct a Well in accordance with Board of Health Regulations entitled, "Minimum Sanitation Standards for Private and Semi-Public Water Supplies." I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid all state taxes as required by law.

\_\_\_\_\_  
 Signature of Owner/Agent

\_\_\_\_\_  
 By: Corporate Officer (if applicable)

\_\_\_\_\_  
 SS # or FID #

\_\_\_\_\_  
 Date of Application

**Please note that all electrical connections to the pump shall be made by a licensed electrician and inspected by the Town's Wiring Inspector.**