



TOWN OF MILLBURY

127 ELM STREET
MILLBURY, MA. 01527
508-865-4721

BOARD OF HEALTH

WELL DECOMMISSION APPLICATION

Non-Refundable fee of \$50.00

Payable to: The Town of Millbury

Board of Health File No. _____ (if Applicable)

Property Owner/Applicant: _____

Address: _____ Phone #: _____

Address of Well to be Decommissioned: _____

Map, Lot, Parcel ID# _____
(must be obtained from Assessors)

Well Driller: _____ Address: _____

Proof of Valid Registration required

REASON FOR DECOMMISSION:

A. Tie into Town Water _____

B. Existing Well went dry _____

C. Other Explain _____

Print Owner/Applicant _____

Signature Owner/Applicant _____

Office use Only:

Inspected: _____ Date: _____

BOH Engineer/Agent Signature: _____

Visual Inspection Only

This Permit is to be ON SITE at all times that work is taking place.

VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE

WELL PERMITS ARE NOT TRANSFERABLE