



# Falmouth Health Department

Falmouth Town Hall • 59 Town Hall Square • Falmouth, Massachusetts 02540  
(508) 495-7485 • health@falmouthma.gov

## WATER WELL APPLICATION

Property location: \_\_\_\_\_

Name of Well Driller: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Property owner(s): \_\_\_\_\_

PROPOSED WELL TYPE: \_\_\_ Drinking water \_\_\_ Irrigation \_\_\_ Monitoring

The following items are required to be submitted along with this application:

- A plan to scale that shows the location of the well on the lot, all property lines, septic locations within 150 feet of the well, additional wells within 150 feet, and location of structures on the lot
- Description of the well to include depth, diameter, yield and materials
- If an irrigation well, include faucet or spigot locations and a non-potable water placard must be installed at point of discharge.
- If the proposed well is a drinking water well, the applicant must provide proof that all abutters within 100 feet of the property have been notified of the proposed well by certified mail.

\_\_\_\_\_ Date of well completion – suitable analysis provided

\_\_\_\_\_ Copy of recorded notice received

WELL ABANDONMENT: \_\_\_\_\_ Drinking water well  
\_\_\_\_\_ Irrigation

METHOD OF ABANDONMENT: \_\_\_\_\_ Filling with concrete  
\_\_\_\_\_ Destruction

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

**WELL ABANDONMENT MUST BE WITNESSED BY HEALTH DEPARTMENT**