

Town of

Scituate

WELL REGISTRATION

OWNER'S NAME _____

SITE ADDRESS _____

PLAT _____ LOT _____ PHONE # _____

- () NEW WELL - NEW CONSTRUCTION
- () REPLACEMENT OF EXISTING WELL
- () FRAC'ING OF EXISTING WELL

COMMENT:

NAME OF WELL CONTRACTOR _____

RI REG # _____

ADDRESS _____

PHONE # _____ FEE _____ \$10.00

DATE _____

RECEIVED BY TOWN ENGINEER

CONDITIONS: YES _____ NO _____

NOTE TO WELL CONTRACTORS: YOU MUST SUBMIT A COPY OF COMPLETION REPORT AND ANY TEST RESULTS TO THIS OFFICE. IF THE NEW WELL IS TO BE FRAC'D., ANOTHER REGISTRATION IS REQUIRED.

NOTICE TO OWNERS: THIS FORM, CHECKLIST AND INFORMATION OBTAINED OR SHARED IS TO THE BEST OF OUR KNOWLEDGE AND/OR ACCURACY PROVIDED.