

**PERMIT FEE: \$150**  
**(INCLUDES ONE INSPECTION)**



**TOWN OF SUNDERLAND**  
**WELL PERMIT APPLICATION**

Application for Drinking, Monitoring, Irrigation, Geothermal  
Well Drilling/Well Construction/Well Destruction Permit

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

Type of Well: ☐ Drinking ☐ Monitoring ☐ Irrigation ☐ Geothermal ☐ Other: \_\_\_\_\_

Map / Plot: \_\_\_\_\_ Property Address: \_\_\_\_\_

Name of Property Owner: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Address/Phone: \_\_\_\_\_

Contractor: \_\_\_\_\_ License # \_\_\_\_\_

Address/Phone: \_\_\_\_\_

\*\*\* Water Analysis must be done by a Dept. Environmental Protection (DEP) Certified Laboratory\*\*\*

Laboratory/Engineer to do Water Testing: \_\_\_\_\_  
Name, Address, Phone Number

Check one:

- ☐ New Construction/New Dwelling ☐ New Construction/Old Dwelling  
☐ Repair of Existing System ☐ Destruction of Well

Size of Lot: \_\_\_\_\_ Is Residence within 200 feet of work? \_\_\_\_\_

List distances of all other wells, subsurface fuel storage tanks or septic systems within 200 feet: \_\_\_\_\_

☐ Sketch of well location including distances to property lines and structures, septic systems and other wells  
(must be attached to permit).

Office Use Only:

Fee paid: \_\_\_\_\_

☐ Installation permission: \_\_\_\_\_  
Board of Health Agent Date

☐ Final Inspection Date: \_\_\_\_\_

☐ Well Testing Report received: \_\_\_\_\_  
(date)

☐ Well Permit Approved: \_\_\_\_\_ Permit#: \_\_\_\_\_  
Board of Health Agent Date