

Fee: _____
PERMIT NO. _____
FEE PAID: _____
DATE: _____

TOWN OF DOVER

**APPLICATION FOR WATER SUPPLY
(TO BE SUBMITTED IN DUPLICATE)**

ALL FEES ARE NON REFUNDABLE AND ARE ONLY GOOD FOR 1 YEAR
ALL PERMITS ARE NON TRANSFERABLE

Hereinafter, all proposed systems of water supply, shall be submitted to the Board of Health, or its agent, for its approval, and no such system shall be established without such approval.

In no event shall a source of water supply be located less than 100 feet from any sewage disposal system.

OWNER: _____
OWNER ADDRESS: _____
SITE ADDRESS: _____
OWNER PHONE NUMBER: _____
WELL CONTRACTOR: _____
WELL CONTR. PHONE NUMBER: _____

Plot Plan (Location of water supply w/measurements) must be submitted with application. (minimum scale 1" = 40")

<u>LIST OF TYPE OF WELLS APPLYING PLEASE CHECK</u>	<u>NO. OF WELLS</u>
1. <input type="checkbox"/> DOMESTIC	_____
2. <input type="checkbox"/> GEOHYDRO <input type="checkbox"/> OPEN LOOP <input type="checkbox"/> CLOSED LOOP	_____
3. <input type="checkbox"/> MONITORING WELLS	_____
4. <input type="checkbox"/> PUMP TEST OR RETEST	_____
5. <input type="checkbox"/> OTHER PLEASE EXPLAIN _____	_____

See Additional Requirements in Regulations on page 2 attached and Regulations Ch 233.

AGENT: _____ DATE APPROVED: _____