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”)

LIST OF TYPE OF WELLS APPLYING PLEASE CHECK     NO. OF WELLS
1. ___ DOMESTIC
2. ___ GEOHYDRO ___ OPEN LOOP ___ CLOSED LOOP
3. ___ MONTORING WELLS
4. ___ PUMP TEST OR RETEST
5. ___ OTHER PLEASE EXPLAIN_______________________

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

AGENT: _________________________ DATE APPROVED: ________

rev:05/29/13