

PERMIT NO. _____
FEE PAID: _____
DATE: _____

TOWN OF DOVER

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

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: _____

LOCATION: _____

WELL CONTRACTOR: _____

Plot Plan(Location of water supply w/measurements)

AGENT: _____

DATE APPROVED: _____