

PERMIT NO. \_\_\_\_\_  
FEE PAID: \_\_\_\_\_  
DATE: \_\_\_\_\_

**TOWN OF DOVER**

**APPLICATION FOR MONITORING WELLS AND BORE HOLES  
(TO BE SUBMITTED IN DUPLICATE)**

Hereinafter, all proposed Monitoring Wells or Bore Holes, 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 OF MONITORING WELLS OR BORE HOLES)*