

DOVER BOARD OF HEALTH
APPLICATION FOR ABANDONMENT OF WELLS

Date: _____

Fee: _____

Name of Property Owner: _____

Address where well is located: _____

Telephone: _____

Contractor: _____ Tele: _____

Explain the reason(s) abandonment of Well is necessary

Location of well to be abandon:

All wells shall be abandon according to Dover Board of Health Well Regulations.

P.O. Box 250, 5 Springdale Ave., Dover MA. 02030 Tel: 508-785-0032 Ext 232