



TOWN OF TRURO

HEALTH DEPARTMENT

P.O. Box 2030, Truro MA 02666

Tel: 508-349-7004 Fax: 508-349-5508

WELL PERMIT APPLICATION

FEE: \$50.00 Decommission Well: \$25.00

Application Date: _____

Owner's Name: _____

Property Location: _____ Map _____ Parcel _____

Well Driller: _____ Phone: _____

Mailing Address: _____ Town/State/Zip: _____

Well Information:

- Well Use: New Domestic Replacement Domestic Decommissioned Well
 Public Water Supply Private Monitoring Irrigation Geothermal
(for Ground Source Heat Pumps)* Type of System: closed-loop open DX
 Horizontal Closed-Loop DX Open Transfer GSHP system

Casing Type: _____ Diameter (inches) and Length _____

Total Well Depth: _____ Screen Slot # _____ Length _____ from _____ to _____

Static Water Level below land surface: _____ ft.

Water test submitted: Yes No

Water sample must be tested by a Certified Laboratory for: • Coliform • pH • Conductivity • Iron • Nitrates • Sodium • Volatile Organic Compounds (VOCs)

*GSHP complete DEP form BRP WS-06e for residential injection wells (4 units or less). All other GSHP complete DEP Form BRP WS-06a,b &c

(This section to be completed by the Truro Health Department)

Well Permit Number: _____ Date Issued: _____

Water Analysis Received: _____

Well Completion Report Submitted: _____

UIC Registration Number for Geothermal Wells Received: _____

Building Permit Number (if applicable): _____

Reviewing Health Agent: _____