



# TOWN OF TRURO

## HEALTH DEPARTMENT

P.O. Box 2030, Truro MA 02666

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

### WELL PERMIT APPLICATION

**Construction/Replacement Fee: \$50.00**

**Decommission Fee: \$25.00**

Application Date: \_\_\_\_\_

Owner's Name: \_\_\_\_\_

Property Location: \_\_\_\_\_ Map \_\_\_\_\_ Parcel \_\_\_\_\_

Well Driller: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Town/State/Zip: \_\_\_\_\_

### **Well Completion Report:**

Well Use: ☐ New Domestic ☐ Replacement Domestic ☐ Decommissioned Well

(public or domestic) ☐ Public Water Supply ☐ Monitoring ☐ Irrigation

☐ Geothermal (for Ground Source Heat Pumps) Type of System: ☐ closed-loop ☐ open

Geothermal wells under 15,000 gpd must be registered with MassDEP. Systems in excess of 15,000 gpd require a MassDEP National Pollution Discharge Elimination System (NPDES) permit.

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)

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

Well Permit Number: \_\_\_\_\_ Date Issued: \_\_\_\_\_

Water Analysis Received: \_\_\_\_\_

Registration Number or NPDES permit for Geothermal Wells Received: \_\_\_\_\_

Building Permit Number (if applicable): \_\_\_\_\_

Reviewing Health Agent: \_\_\_\_\_  
(signature)