



CITY OF NEWBURYPORT HEALTH DEPARTMENT

FRANK P. GIACALONE
DIRECTOR OF PUBLIC HEALTH

NEWBURYPORT CITY HALL 60 PLEASANT STREET NEWBURYPORT, MA 01950
TEL: 978-465-4410 FAX: 978-465-9958
FGIACALONE@CITYOFNEWBURYPORT.COM
WWW.CITYOFNEWBURYPORT.COM

Date: _____

PERMIT FEE: \$25

APPLICATION FOR PLAN REVIEW - WELLS

Please Print

Name of Company / Applicant _____ Telephone# _____

Address _____

Mailing Address (If Different) _____

Email Address _____

Name of Contact Person _____

Title _____ Telephone number _____

LOCATION OF PROPOSED CONSTRUCTION, RENOVATION, REMODELING, CHANGE OF OWNER

Street Address _____

Description of Property (New Building, Historic etc..) _____

Describe fully the Intent of Use for which your plans are being reviewed: (ie: all Operations):

Application must include:

- Well Permit Fee - \$25
- Copy of the Well Driller Certification from the Commonwealth of MA, DEP
- Copy of the plot plan showing set-backs for the proposed well site
- Copy of 'As Built Plans.' To be submitted once work has been completed
- Sign off by the Water Distribution Supervisor BEFORE and AFTER work is completed

It is the applicant's responsibility to comply with all applicable laws, rules and regulations of the City of Newburyport and all other State, Federal and county laws.

INCOMPLETE APPLICATIONS WILL DELAY FURTHER REVIEW AND PROCESSING

Water Department Sign-Off:
Pre-Work Sign-Off _____
Post-Work Sign Off _____

For Health Department Use Only
Date reviewed: _____
2 nd review: _____
3 rd review: _____