



METHUEN HEALTH DEPARTMENT

41 Pleasant Street, Ste. 203

Methuen MA 01844

Telephone: 978-983-8655 Fax: 978-983-8988

Application for Certificate of Compliance for Private Water Supply

Type of Well: ☐ Irrigation ☐ Monitoring ☐ Potable Water Supply

NAME AND ADDRESS OF PROPERTY OWNER

FULL NAME:		Telephone:
ADDRESS: Street name and number	City	State and Zip Code
TYPE OF STRUCTURE SERVED:		
ADDRESS OF SITE:	NUMBER OF PEOPLE SERVED:	NO OF BEDROOMS:

DRILLING COMPANY

COMPANY NAME:	Telephone:	
COMPANY ADDRESS:	City	State and Zip Code
WELL DRILLER'S NAME & MA LICENSE NUMBER		

TO OBTAIN A WATER SUPPLY CERTIFICATE THE FOLLOWING DOCUMENTS ARE REQUIRED

- Well construction permit number(s):
- Copy of Division of Water Resources Water Well Completion Report
- Copy of the water quantity and pumping test report pursuant to BOH Article 9 Section VII
- Copy of the water quality report pursuant to BOH Article 9 Section VIII

Certificate of Compliance

The undersigned hereby certifies that the private well installed for the purpose of

☐ Irrigation ☐ Monitoring ☐ Potable Water Supply

installed by: _____ at _____ Methuen

has been installed in accordance with the provisions of Article 9 of The Methuen Board of Health Regulations for Private Wells requirements.

Well Driller's Signature: _____ Date: _____

Property Owner's Signature: _____ Date: _____

Health Department: _____ Date: _____

The issuance of this certificate of compliance shall not be construed as a guarantee that well will function satisfactorily. The Board of Health and agents of the Board assumes no liability for water quality or quantity.

March 2006