



**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