

TOWN OF WEST GREENWICH

PERMIT # _____



APPLICATION FOR WELL PERMIT

Required for Residential Building Permit and / or Domestic Well (new installation or alteration of existing).

Site Information: Road / Street Address: _____

Assessor's Plat: _____ Lot: _____

OWNER INFORMATION:

Name: _____

Address: _____

Tel. # _____

Contact Name if Corporation: _____

☐ New Residence Well☐ Existing Residence Replacement Well☐ New Commercial Well☐ Existing Commercial Replacement Well

ACKNOWLEDGMENT

The undersigned acknowledges receipt of the Town of West Greenwich Well Testing Certification Ordinance and Domestic Well Completion Form and declares that they understand the requirements set forth in said ordinance, including NOTICE in accordance with Sections 4.1.1 and 4.1.2.

I have read the Town's Well Testing and Certification Ordinance (Town Ordinance #84) and understand that I must notify the Town's Water Department Official of the date of drilling, at least forty-eight (48) hours prior to the commencement of drilling a newly installed domestic well. If the scheduled date(s) of drilling change, I will notify the Town's Water Department Official at least forty-eight (48) hours in advance of such date.

I also understand that I must notify the Town's Water Department Official at least (48) hours in advance of the date of yield test commencement and at least two (2) hours before the exact start time of the test. If for any reason, the scheduled time or date of the start of the yield test changes, I will notify the Town's Water Department Official immediately, and provide notification of a new time and date in accordance with the notification requirements detailed above.

I understand that notification lead-time does not include weekends or State or Federal holidays.

Signature of Owner or Designee: _____ Date: _____

Printed name: _____

TO BE FILLED OUT BY WATER DEPARTMENT OFFICIAL, OR BUILDING OFFICIAL

PERMIT FEE: \$ 250.00 CHECK #: _____ DATE: _____

ISSUED BY: _____ (signature) DATE: _____

THIS APPLICATION, ONCE SIGNED AND DATED BY THE BUILDING OFFICIAL ABOVE, IS THE TOWN'S WELL PERMIT UNDER ORDINANCE # 84

TO BE FILLED OUT BY WATER DEPARTMENT OFFICIAL, OR BUILDING OFFICIAL

Date / Time of Well Drilling: _____ 1st Notice _____ 2nd Notice _____Date / Time of Yield Testing: _____ 1st Notice _____ 2nd Notice _____

Well Completion Report Received: _____ (date) Well Completion Report Approved By: _____ (signature)