



TOWN OF MILLBURY  
127 ELM STREET  
MILLBURY, MA. 01527  
508-865-4721

**BOARD OF HEALTH**

**WELL DECOMMISSION APPLICATION**

**Non-Refundable fee of \$50.00**  
**Payable to:** The Town of Millbury

Board of Health File No. \_\_\_\_\_ (if Applicable)  
Property Owner/Applicant: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
**Address of Well to be Decommissioned:** \_\_\_\_\_  
Map, Lot, Parcel ID# \_\_\_\_\_  
(*must be obtained from Assessors*)

Well Driller: \_\_\_\_\_ Address: \_\_\_\_\_

Proof of Valid Registration required

**REASON FOR DECOMMISSION:**

- A. Tie into Town Water \_\_\_\_\_
- B. Existing Well went dry \_\_\_\_\_
- C. Other Explain \_\_\_\_\_  
\_\_\_\_\_

Print Owner/Applicant \_\_\_\_\_

Signature Owner/Applicant \_\_\_\_\_

**Office use Only:**

Inspected: \_\_\_\_\_ Date: \_\_\_\_\_

BOH Engineer/Agent Signature: \_\_\_\_\_

Visual Inspection Only

**This Permit is to be ON SITE at all times that work is taking place.**  
**VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE**

**WELL PERMITS ARE NOT TRANSFERABLE**