



City of Leominster
Office of the Health Department
25 West Street – Suite 9
Leominster, MA 01453
Tel: (978) 534-7533
Fax (978) 534-8416

FEE: \$50.00 _____

Application is hereby made for a Permit to Drill a Well at:

Location Address

Lot No.

Owner

Address

Installer

Address

A Completed plan of the proposed water facility is attached ().

The undersigned hereby agrees to abide by and to allow reasonable inspection to insure compliance with the standards adopted by the Leominster Board of Health.

Signature of Installer

Installers License Number: _____

Date: _____

Application approved by:

Date: _____