

**TOWN OF CONWAY, MASSACHUSETTS**

**BOARD OF HEALTH**

5 Academy Hill Road / P. O. Box 240

Conway, Ma 01341

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*\$40.00*  
FEE

**WELL PERMIT**

Applicant Name: \_\_\_\_\_

Current Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Location of Well: \_\_\_\_\_

Name of Driller: \_\_\_\_\_

Date of Issue: \_\_\_\_\_

Approved by: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If the well is to be drilled within 100 feet of a wetland reserve area or within 200 feet of a perennial stream or river, the applicant must seek approval, from the Conway Conservation Commission. To receive Board of Health certification, a copy of the contractor's "Well Completion Report" and the water test results must be submitted in writing. *\*this permit will lapse at the end of one (1) year.*