



**BOARD OF HEALTH
REGULATIONS FOR PRIVATE WELLS**

WELL DECOMMISSION APPLICATION

Non-Refundable fee of \$50.00

Payable to: The Town of Sutton

Well Decommission Permit #: _____ MAP _____ PARCEL _____ LOT _____

(Must be obtained from The Assessors Department)

Address of Well to be Decommissioned: _____

Property Owner/Applicant: _____

Signature Owner/Applicant: _____ Date: _____

Address: _____ Phone #: _____

Well Driller Name : _____ Company Name: _____

Telephone #: _____ Cell Phone #: _____

EMAIL: _____

Address: _____

Well Driller Signature _____ DATE: _____

Proof of Valid Registration required RIG # _____ REGISTRATION # _____

REASON FOR DECOMMISSION:

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

**PLEASE FOLLOW THE DECOMMISSIONING REQUIREMENTS AS SPECIFIED IN
THE TOWN OF SUTTON REGULATIONS FOR PRIVATE WELLS**

**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**