

**Town of Ludlow
Board of Health**

Application for Well Construction Permit

Name of Well Driller _____

Address of Well Driller _____

State Registration Number _____ Expiration Date _____

Location of Proposed Well _____

Landowner's Name _____

Lot No. _____ New Construction _____ Existing Structure _____

Application's Certification

I agree to install the above described well in accordance with the Rules and Regulations of the Ludlow Board of Health and applicable State Law and Regulations. I declare that the information provided in this application is complete and accurate, to the best of my knowledge.

Signature of Applicant

Date

Required fee for Well permit – \$55.00