



## BOARD OF HEALTH

MUNICIPAL OFFICE BUILDING  
8 CONWAY STREET  
SOUTH DEERFIELD, MASSACHUSETTS 01373  
Telephone: (413) 665-4806  
Facsimile: (413) 665-7275

### APPLICATION FOR A WATER SUPPLY CERTIFICATE

I hereby petition the Board of Health of the Town of Deerfield for a Water Supply Certificate for a potable well.

Located at: \_\_\_\_\_

Assessor's Parcel No: \_\_\_\_\_

Constructed Under Well Construction Permit No: \_\_\_\_\_

By Well Driller: \_\_\_\_\_

Registration No: \_\_\_\_\_

Owner of Well: \_\_\_\_\_

Mail Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

**VOLUME OF WATER FOR HOUSEHOLD DAILY NEEDS:** \_\_\_\_\_

**The volume of water necessary to support the household's daily needs shall be determined by the following equation:  $\text{Number of bedrooms} \times 200 \text{ gallons per bedroom}$   
 $\text{Number of gallons needed daily}$**

Plumber performing connection: \_\_\_\_\_

Plumber Permit Number: \_\_\_\_\_

Electrical Connections by: \_\_\_\_\_

(Electrical connections must be made by a pump installer or Registered Well Driller).

**REPORT FILED BY:** \_\_\_\_\_

(Please Print Clearly)

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

### THE FOLLOWING MUST BE SUPPLIED TO THE BOARD OF HEALTH IN ORDER TO OBTAIN A WATER SUPPLY CERTIFICATE:

1. Well Construction Permit
2. Application for a Water Supply Certificate
3. A copy of the Well Completion Report
4. A copy of the Pumping Test Report
5. A copy of the Water Quality Report
6. An As-Built of the well location referenced to at least two permanent landmarks.

"The mission of the town of Deerfield is to deliver excellent services to the community in the most fiscally responsible and innovative manner while endeavoring to broaden our sense of community and preserve the unique character of our town".