



TOWN HALL
4 Boltwood Avenue
Amherst, MA 01002-2351

INSPECTION SERVICES DEPARTMENT
Phone (413) 259-3030 ext. 0.
Fax (413) 259-2402
Email: inspections@amherstma.gov

APPLICATION FOR A WATER SUPPLY CERTIFICATE

I hereby petition the Board of Health of the Town of Amherst 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 with this equation: **Number of bedrooms x 200 gallons = 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.