



TOWN OF HINGHAM  
BOARD OF HEALTH  
210 Central Street, Hingham, MA 02043  
(781) 741-1466 ♦ Fax (781) 804-2373  
Email: HealthDirector@Hingham-Ma.gov

## APPLICATION FOR PRIVATE WELL

( ) CONSTRUCTION PERMIT

( ) ABANDONMENT

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

Owner: \_\_\_\_\_

Owner Email:  
\_\_\_\_\_

Type of Well (Potable/Nonpotable): \_\_\_\_\_

Method of Well Construction (Drilled/Driven): \_\_\_\_\_

Well Driller/Name: \_\_\_\_\_

Well Driller Email: \_\_\_\_\_

Address/City/State: \_\_\_\_\_

Telephone #: \_\_\_\_\_ D.E.M. Reg. #: \_\_\_\_\_

UIC Reg. #: \_\_\_\_\_ (Required for all **Geothermal** wells)

*An Electrical Permit is required for any wiring to the wells.*

*All information required under Section 5.02 of the Hingham Board of Health Private Water Supply Regulations must accompany this application.*

\_\_\_\_\_  
Owner's Signature

\_\_\_\_\_  
Date

Designer or Engineer Email: \_\_\_\_\_

Application Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Application Disapproved by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason(s) for Disapproval:  
\_\_\_\_\_  
\_\_\_\_\_