



**TOWN OF RAYNHAM**  
**Selectmen and Board of Health**

558 South Main Street  
Raynham, MA 02767  
Tel: 508-824-2766  
Fax: 508-824-1540

**TOWN OF RAYNHAM**  
**PRIVATE & SEMI – PUBLIC WATER SUPPLY**  
**PERMIT APPLICATION**

**Fee: \$75.00**

Applicant Name: \_\_\_\_\_

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

Applicant Phone#: \_\_\_\_\_

EMAIL to send permit: \_\_\_\_\_

Licensed Well Driller Name: \_\_\_\_\_

Well Driller Address: \_\_\_\_\_

Well Driller Phone #: \_\_\_\_\_

Contact Name: \_\_\_\_\_

**Well Location Address:** \_\_\_\_\_

**Type of Well:**

Drinking Well

Irrigation Well

\* Well must be Artesian/Bedrock

\* Plot plan showing proposed well location must accompany application.

**Installers Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Pursuant to MGL Ch. 62C, Sec. 49A, I certify under the penalties of perjury that I, to my best knowledge and belief, have filed all state tax returns and paid state taxes required under law.**

**Social Security Number or Federal ID:** \_\_\_\_\_

**Signature of Individual or Corporate Name:** \_\_\_\_\_

Please Note: SSN or FID numbers shall be redacted if this application is included in a FOI Request