



Karen A. Walega
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Health Director

TOWN OF ROCHESTER

Board of Health

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Sarah T. Eby
MHA, BSN, RN
Chair

Glenn Lawrence
Vice Chair

Dale Barrows
Clerk

Connie Dolan, RN
Public Health Nurse

Rochester Board of Health Application to Drill a Well **\$100.00 Fee and Plan are due with Application**

Business Name	
Mailing Address	
Business Telephone Number (s)	
Name and Title of Applicant	
State Registration Number	
Street Address of Well Location	
Name of Property Owner	
Well Use	
(Please Circle)	Agricultural Primary Water Supply

I certify that a copy of the well water completion report will be submitted to the Rochester Board of Health within 30 days.

I certify that the water sample will be taken from the well for which the approval is sought and as indicated on the plan submitted.

The results will be analyzed at the following laboratory:	
Signature of Applicant/Well Driller	
Date Signed:	

Permit No _____

Approved By: _____ Stamp: _____