BOARD OF HEALTH
City of Northampton

APPLICATION FOR A GROUND SOURCE HEAT PUMP WELL CONSTRUCTION PERMIT

GSHP Well Permit Number_____ (*to be assigned by board of health*) Fee: $ _____

Fee: **$50.00** minimum for first well
$25.00 for each additional well
Total # of GSHP Well(s) ____

This application must be accompanied by a scaled plot plan, produced by a civil engineer or registered sanitarian showing adherence to the Underground Injection Control (UIC) requirements (attached).

Application is hereby made to construct ( ) or repair ( ) a GSHP well.

_____ _____
Owner's Name Date

_____ _____
Street Address Telephone Number

_____
City, State, Zip Code

_____
_____
_____ _____ _____
Location of Proposed Well(s) Tax Map # Parcel #
(longitude and latitude)

_____ _____
Signature of Applicant Date

Please Mail Application to:
Northampton Board of Health
212 Main Street
Northampton, MA 01060

Final approval to be issued with UIC approval paperwork.

TO BE COMPLETED BY BOARD OF HEALTH

_____ _____
Permit issued (date) Permit to operate (date)