|  Add municipal logo here or delete this text | Add municipal entity’s name here Add municipal entity’s address hereWater Supply Certificate Application |        Date |
| --- | --- | --- |
|  | A. General Information  |
| **Important:** When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.keys | 1. Property Address  |
|       Street Address  |
|       City  |       State |       Zip  |
|       Assessor’s Map |       Parcel |
| 2. Property Owner |  |
|       Name       e-mail address (optional)  | Signature |
|        Address       State   |
|        City  |       State |       Zip  |
|  |       Email address:   |       Phone  |
|  |  |  |
|  | **B. Attachments** |  |
|  | Attach the following documents: |  |
|  | [ ]  Copy of Well Construction Permit |
|  | [ ]  Copy of Well Completion Report as required by MassDEP Well Driller Program regulations (310 CMR 46.00) |
|  | [ ]  Pumping Test Report |
|  | [ ]  Water Quality Report |
|  |  |  |