

Fee: refer to current fee schedule

Well Permit # _____

**Town of Freeport
30 Main Street
Freeport, Maine 04032
(207)865-4743**

OWNER:

Name: _____

Address: _____

Phone Number: _____ Map: _____ Lot: _____

Use of property: _____

CONTRACTOR

Name: _____

Address: _____

Phone Number: _____ License Number: _____

Distance to septic: _____

(SECTION 2204.3.1. "No well shall be located within 100 feet of any subsurface waste disposal system...")

WELL DATA

**** this section to be completed by the well driller****

Type: _____

Depth: _____ Flow G.P.M. _____

Static Level: _____ Casing Depth: _____

Signature: _____ Date: _____

C.E.O. Final Approval: _____ Date: _____