



TOWN OF ROCKLAND

Board of Health

Town Hall

242 Union Street

Rockland, Massachusetts 02370

WELL REGISTRATION APPLICATION

Date: _____

Name: _____

Address: _____

Email: _____

Phone Number: _____

Purpose for Well: Irrigation _____ General Use _____

Please return the application along with a plan showing the location of the well on the property, all required laboratory test results and a check in the appropriate amount for registration.

Irrigation Well: \$50.00

General Use: \$75.00

**If you have any questions, please call the Board of Health Office.
781-871-0154 ext. 350**