



Department of Municipal Licenses and Inspections

Mary E. McGrath, R.S., Director
90 Pond Street – Braintree, Massachusetts 02184

Building Division Telephone: 781-794-8070 Fax: 781-794-8022
Health Division Telephone: 781-794-8090 Fax: 781-794-8098

Joseph C. Sullivan
Mayor

DATE: _____

ADDRESS: _____

PROPERTY OWNER NAME: _____

DRILLING COMPANY NAME: _____

Dear Department of Public Health:

I/We, _____,

having submitted application for a well permit to the Braintree Health Division, voluntarily permit department inspectors to gain access to the property to conduct a well site inspection, located at

(Street Address)

Braintree, MA 02184.

Signature of Property Owner: _____

Date: _____