



Castine Well Registration Permit

Appendix A of the Water Service Protection Ordinance

Note: This is a registration / permit process.

This permit can not be issued until all of the information listed below is supplied to the Castine Water Department.

Email copies of completed form to shawn@castine.me.us and karen@castine.me.us

1. Property Owner: _____

2. Email: _____ Phone: _____

3. Owner's Agent: _____

4. Email: _____ Phone: _____

5. Property Street Address: _____ Tax Map: ____ Lot: ____

6. Well Type: Bedrock(drilled) Dug Sand Point Spring
(appropriate box)

7. Well depth: _____(ft) Well yield: _____(gpm)

8. Depth to bedrock: _____(ft) or casing length _____(ft)

9. Well Cap: Buried Exposed (appropriate box) Date drilled: _____

10. Distance from the road: _____(ft)

11. General location on the property: _____

12. Well Driller: _____ State License No.: _____

13. Property Owner or Agent: _____ / _____
Signature Date

Approved by Castine Water Department

Date: _____ Signature: _____