



COMMUNITY SERVICES DEPARTMENT
 271 MAST ROAD
 DOVER, NH 03820
 (603) 516-6450

MONITORING WELL PERMIT APPLICATION

APPLICANT

CITY

Date Submitted: _____
 Applicant Name: _____
 Company: _____
 Phone: _____
 Address: _____
 City/State/Zip: _____
 Email: _____

Permit to be issued via email unless otherwise instructed

Contractor: _____ Phone: _____
 Address: _____
 City/State/Zip: _____
 24 HR EMERGENCY TELEPHONE: _____

DIGSAFE #: _____
 Effective Date: _____
 Insurance Certificate #: _____
 Insurance Agency: _____

Monitoring Well Location: _____
 Scheduled Start Date: _____
 Number of Monitoring Wells to Be Installed: _____
 Expected Duration of Operation: _____
 Depth of well(s): _____
 Diameter of borehole(s): _____
 Purpose of Monitoring Well: _____
 Type of Work:
 New Construction Alteration Repair/Replace
 NHDES File #: _____
 City Council License Approval Date: _____
 Responsible Party for Annual Billing for License: _____

Permit #: _____
 Approved By: _____
 Approval Date: _____
 Expiration Date: _____
 Project Name: _____
 Conditions: _____

Fees:
 New Permit Renewal

Administration and Inspection Fee: \$100.00
 (non-refundable)

Total Due: \$ _____

Date Paid: _____
 Paid: check #: _____
 Paid: cash: Admin Initials: _____

By undersigning this application, the Applicant acknowledges that he/she has read and hereby agrees to abide by the City of Dover's Sidewalks and Highways Ordinance Chapter 152-21. Installation of Monitoring Wells on City Property or in a Public Road, and to any other ordinances, special conditions, restrictions, and regulations may be imposed by the Director of Community Services.

Applicant's Signature: _____ Date: _____