



Westport Weston
Health District

Fee: \$825.00

Application for Irrigation Well

Property Address: _____

Distance from Septic System: _____

Distance from Potable Drinking Well: _____

Licensed Well Driller: _____

Approved:

Rejected:

Comments: _____

Sanitarian: _____

Date: _____

Well completion report received: _____

Note: 75' radius from the well must remain on property served unless area served by the town's sanitary sewer system to prevent the reduction of the neighboring properties ability to preserve and maintain a 100% Code Complying Septic System Area.