

TOWN OF LITTLE BLACK  
HIGH CAPACITY WELL LICENSE APPLICATION

Name, address, phone number of high capacity well property/system owner(s):

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Name, address, and phone number of contact person with authority to respond to inquiries regarding this application:

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Name, address, and phone number of well driller:

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Type of water system for which the well will be used:

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Location of the well, description and location of distribution system for well water (identify affected roads, rights-of-way, and easements to be utilized in transporting the water to its ultimate user), and ATTACH MAP SHOWING THE SAME:

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(attach additional pages if necessary)

Estimated specific capacity of the well/well system: \_\_\_\_\_

Estimated well yield: \_\_\_\_\_ GPM \_\_\_\_\_ GPD \_\_\_\_\_ GPY

Estimated useful life of well/well system: \_\_\_\_\_

\_\_\_\_\_  
Signature of owner

Date