

Community Name

WELL PERMIT APPLICATION _CIS

No person may install or work on a well, regardless of its intended use without a current Board of Health (BOH) permit or license.

*Fees are not refundable. Permits are NOT transferrable and are only valid for one year unless otherwise stated. *Required Information.*

<input type="checkbox"/> New Application <input type="checkbox"/> Revised Application (date of previous application _____)
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BUSINESS CONTACT INFORMATION

Note: Any changes to the plans must first be approved by the BOH and the Engineer. A new driller may require a Revised Application and filing fee.

*Applicant/Requester		*Property Owner	
*Business Name		*Site Address	
*Mailing Address		Assessor Map/Lot #	
*Phone Fax		*24/7 Contact Person	
*E-mail		*24/7 Phone	
Comments			

FACILITY/LOT INFORMATION

*Type of Operation to be served	<input type="checkbox"/> Single Family <input type="checkbox"/> Multi-Family <input type="checkbox"/> Food Establishment <input type="checkbox"/> Commercial/Office <input type="checkbox"/> Industrial <input type="checkbox"/> Farm <input type="checkbox"/> Kennel <input type="checkbox"/> Hair Salon <input type="checkbox"/> Other: Describe _____				
*Lot Size in Acres		Lot in sq. ft.		*# of Units	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8+
*Current Drinking Water Supply	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Drilled <input type="checkbox"/> Dug <input type="checkbox"/> Spring/other	<input type="checkbox"/> Distance to SAS <hr/>	*# of Bedrooms	<input type="checkbox"/> None <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8+
				Garbage Grinder	<input type="checkbox"/> No <input type="checkbox"/> Yes Grease Trap: <input type="checkbox"/> No <input type="checkbox"/> Yes
*Current Sewage Disposal	<input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> None	<input type="checkbox"/> Tank/SAS <input type="checkbox"/> Cesspool <input type="checkbox"/> Other	# Tanks	*Hazardous Flows	
			# SAS	<input type="checkbox"/> No <input type="checkbox"/> Yes, Describe: _____ Other, Describe: _____	
Variance Request	<input type="checkbox"/> If well is less than 100 ft. to a neighboring septic field.			<input type="checkbox"/> Date Letter Sent to all Abutters _____	
Wetlands and Wetlands Buffer Zone	<input type="checkbox"/> Requires ConCom approval for work or travel across or within 100 feet of a Wetlands			<input type="checkbox"/> Conservation Commission (ConCom) Approval Date: _____	
River or Stream	<input type="checkbox"/> Requires ConCom approval for work within 200 feet of a Stream			<input type="checkbox"/> ConCom Approval Date: _____	
Protected Area	<input type="checkbox"/> Requires ConCom approval for work within 500 feet of a Watershed, Public Water Supply, Landfill, etc.			<input type="checkbox"/> ConCom Approval Date: _____	
Flood Plain	<input type="checkbox"/> May require ConCom, Building and other approvals			<input type="checkbox"/> Approval Date: _____	
Comments					

CERTIFICATIONS

Con/Com: The local Conservation Commission must approve any crossing of wetlands or work within the 100 ft. buffer zone of a wetlands/stream

Well Driller: Licensed by the State, but needs a Well Permit in each community before working on private wells. No BOH permit required to place/replace well pumps. Well Water Quality Tests are required for new and updated wells. Drillers with derricks require a State Hoisting Lisc.

Note: *Check all that apply. Must check at least 1 box.

<input type="checkbox"/> Well Driller Name: <hr/> Email: Cell Phone: <input type="checkbox"/> Mass Well Driller's License on File <input type="checkbox"/> Mass Well Driller's License Attached <input type="checkbox"/> Hoisting License Attached	<input type="checkbox"/> Engineer: <hr/> Email: Cell Phone: <input type="checkbox"/> License on File <input type="checkbox"/> License Attached	<input type="checkbox"/> RS Name: <hr/> Email: Cell Phone: <input type="checkbox"/> License on File <input type="checkbox"/> License Attached	<input type="checkbox"/> Other: <hr/> Email: Cell Phone: <input type="checkbox"/> To Be Determined <input type="checkbox"/> N/A <input type="checkbox"/> Other
*On-Site Operations Manager Name		* Cell Phone Number	

WELL CONSTRUCTION AND WELL DECOMMISSIONING FORM

Note: Applications for both new and upgraded wells, including geothermal wells must complete this Form.

*Well Address	<hr/>	*Property Map	<input type="checkbox"/> Plan attached stamped by engineer, surveyor, RS shows all wells, septic systems and sources of contamination within 200 feet of the well.
*Type of Well	<input type="checkbox"/> Drinking Water <input type="checkbox"/> Irrigation <input type="checkbox"/> GeoThermal/Injection. Date of DEP Approval _____ <input type="checkbox"/> Other _____		
Geothermal Well	How Many Points? _____ How Deep? _____ Name of Chemical Additive? _____		
Water Quality Test	<input type="checkbox"/> Required before well can be used as a potable water supply.		

***Distances from well/proposed well to potential sources of contamination – Fill in Chart**

Potential Sources of Contamination	Required Minimum Lateral Distances	Distance Provided	Variance Requested - Describe
1. Subsurface Sewage Disposal Field	150 Feet		
2. Cesspool or Seepage Pit	150 Feet		
3. Septic Tank	100 Feet		
4. Sewer Lines	50 Feet		
5. Property Lines	30 Feet		
6. Public Ways	50 Feet		
7. Driveways	20 Feet		
8. Stables, Feedlots, Paddocks	150 Feet		
9. Underground Fuel Storage Tanks	200 Feet		
10. Distance to Existing Structures	(10 ft is needed to set up a drilling rig)		
11. Distance to Proposed Structures	10 Feet		
12. Subsurface water/drainage course	(direct drainage away from well)		
13. Distance to buried propane tank	25 Feet		
14. Other Known Sources of Pollution	150 Feet or as Required		

FEES

1. Basic Fee must accompany application and is not refundable or transferrable. **Call for current Fee Schedule.**
2. All permits expire December 31 unless otherwise stated and must be renewed at least 60 days before expiring or the start of operations.
3. Applications received after December 1 or less than 60 days before starting operations will be charged a late fee of \$50 for each week late.

<input type="checkbox"/> *Basic Fee	\$ 100	<input type="checkbox"/> Late Fee	\$50
<input type="checkbox"/> Additional Fees	\$	<input type="checkbox"/> Total Fee Paid	\$ _

AGREEMENT

- *I affirm that I will comply with all state and local codes and allow the Board of Health access for inspections as required by law.
- *By checking this box and signing this application I certify that I comply with M.G.L c. 152, s.25(c), Workman's Comp Laws
- *I affirm that before updating or making changes to my facility, staff or operations; I will obtain permission and inspections from the Health, Building and Fire Departments as required by law.
- *By submitting this application, I certify under pains and penalties of perjury pursuant to MGL Ch. 62, sec. 49A that to the best of my knowledge and belief all state tax returns have been filed and all state taxes paid as required by law.

SIGNATURE

*I affirm and certify that the information provided is true, I am 18, the owner of the establishment referenced in this application or an authorized representative/agent with authority to apply for this permit and grant the Board of Health access for inspections as allowed by law.

Name/Title	*Date of Application:
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