



**TOWN OF WESTMINSTER**  
11 South Street  
Westminister Massachusetts 01473  
(978) 874-7409 • Fax (978) 874-7462  
**BOARD OF HEALTH**

Permit # \_\_\_\_\_

Date: \_\_\_\_\_

\$ \_\_\_\_\_

Fee = (see fee table) Payable to the "Town of Westminister"

**APPLICATION FOR A  
PRIVATE WELL CONSTRUCTION PERMIT**

Only Massachusetts Certified Well Contractors Can apply for a Permit

In accordance with M.G.L. c.111, sec. 31 and the Westminister Board of Health Regulations for Private Wells, the undersigned hereby applies for a permit to install a:

Check all that apply:

- ( ) Domestic ( ) Commercial ( ) Industrial ( ) Irrigation ( ) Private Drinking Water Supply  
( ) Semi-Public Drinking Water Supply ( ) Geo-Thermal ( ) Monitoring Well  
( ) Destruction ( ) Alteration/Repair ( ) Observation ( ) Piezometer ( ) Other

Well at \_\_\_\_\_ Map & Parcel \_\_\_\_\_

Property owner's name: \_\_\_\_\_ Phone # \_\_\_\_\_

Property owner's email address: \_\_\_\_\_

The property currently \_\_\_\_\_ is \_\_\_\_\_ is not serviced by town water.

The property \_\_\_\_\_ is/will be \_\_\_\_\_ is not/will not be serviced by a septic system

The well will be drilled at the location depicted on the plan drawn by \_\_\_\_\_

And dated \_\_\_\_\_

GPS proposed location in decimal degree format. Longitude: \_\_\_\_\_ Latitude: \_\_\_\_\_

Well driller name (please print) \_\_\_\_\_ Phone # \_\_\_\_\_

Well driller email address \_\_\_\_\_

Well driller address \_\_\_\_\_

Well driller Phone: \_\_\_\_\_

Commonwealth of Massachusetts Well Driller Certification Number \_\_\_\_\_

PLEASE INDICATE THE DISTANCES FROM THE WELL:

Leaching Field \_\_\_\_\_  
Septic Tank \_\_\_\_\_  
Cesspool \_\_\_\_\_  
Sewer Lines \_\_\_\_\_  
Driveway \_\_\_\_\_  
Street or Highway \_\_\_\_\_  
Buildings \_\_\_\_\_  
Property Line \_\_\_\_\_  
Right of Way\* \_\_\_\_\_

\*A right of way is any roadway or thoroughfare on which public passage is made, and any corridor of land over which facilities such as railways, pipelines or utility wires are located.

**Each permit application to construct a well shall include the following:**

- A plan with a specified scale, signed by a registered surveyor or engineer, showing the location of the proposed well in relation to existing or proposed above or below ground structures.
- A description/location of current land uses within two-hundred (200) feet of the proposed well location, which represent a potential source of contamination, including but not limited to the following: existing and proposed structures, subsurface sewage disposals systems, subsurface fuel storage tanks, public ways, utility rights-of-way, any other potential sources of pollution.
- If the 100 foot well radius for a private water supply well extends beyond the applicant's property lines, the applicant must provide proof that every affected abutter has been notified by certified mail of the applicant's intention to install a well.
- If a private well is to be used for drinking purposes, **A BUILDING PERMIT** affecting the structure the well is to serve **WILL NOT BE ISSUED UNTIL** a Water Supply Certificate has been granted by the Westminster Board of Health .

Prior to a private well being used as a private water supply (used for human consumption) a Water Supply Certificate must be issued by the Board of Health. To receive a Water Supply Certificate, the applicant must submit an accurate well completion report as well as a water quality test and water quantity (flow rate) test to the Board of Health.

Private wells used for irrigation must be tested for coliform bacteria and the results submitted to the Board of Health prior to the well being used.

**ALL WATER SAMPLES MUST BE COLLECTED IN THE PRESENCE OF A REPRESENTATIVE OF THE BOARD OF HEALTH AND SEALED. THE SAMPLE MUST TESTED BY A BOARD OF HEALTH AUTHORIZED STATE CERTIFIED LAB**

I hereby agree to comply with all Rules and Regulations of the Town of Westminster and the Commonwealth of Massachusetts regarding the installation of wells.

Well Contractor/Driller Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*\*\*\*  
Well Application:

Approved \_\_\_\_\_ Denied \_\_\_\_\_

By \_\_\_\_\_, Health Agent

Permit # \_\_\_\_\_ Date Issued: \_\_\_\_\_

Each permit shall expire one year from the date of issuance unless revoked for cause.

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## Westminster Board of Health

### WATER SUPPLY CERTIFICATE

Based on the information supplied by the well driller and the water quality tests and completion of a water quantity test.

This is to certify that the potable/nonpotable Private Well which was  
(circle one)

Constructed at \_\_\_\_\_  
(Address)

By \_\_\_\_\_  
(Name, Address, Telephone Number)

Has been approved in accordance with the provision of the **Westminster Board of Health Private Water Supply Regulations** as described on the Application for Private Well Construction, Permit # \_\_\_\_\_ Dated \_\_\_\_\_

The issuance of this certificate shall not be construed as a guarantee that the well will function properly.

\_\_\_\_\_ Health Agent Date \_\_\_\_\_

The use of this Private Well shall be in conformance with the use applied for within the Application for Well Construction Permit.