



TOWN OF WESTMINSTER
11 SOUTH STREET
WESTMINSTER, MASSACHUSETTS 01473
(978) 874-7409 • Fax (978) 874-7460
BOARD OF HEALTH

Permit # _____ Application Date: _____ Fee: _____

APPLICATION FOR PRIVATE WELL CONSTRUCTION

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:

(Please refer to Westminister Well Regulations for applicability and 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 Location (Address) _____

Well ID Name _____

Project ID Name (for cleanup sites/monitoring wells) _____

Map & Parcel _____

Property Owner's Name _____

Owners Phone # _____ Owner's email address _____

Well driller name (please print) _____

Phone # _____

Well driller email address _____

Well driller address _____

Well driller phone _____

Commonwealth of Massachusetts Well Driller Certification Number _____

Is the property currently serviced by town water? Yes _____ No _____

Will this property have a septic system? Yes _____ No _____

You **MUST** attach a plan to this application.

Plan drawn by: _____ dated: _____

Please provide the proposed location of the well in decimal degree format.

Longitude: _____ Latitude: _____

**EXAMPLE: 39°25'30" (39 degrees, 25 minutes, 30 seconds). In decimal degree format 39°25'30" is referred to as 39.425 as
Decimal Degrees = Degrees + (Minutes / 60) + (Seconds / 3600). Decimal place must be expanded to 5 decimal places.**

PLEASE INDICATE SETBACK DISTANCES:

Property line _____

Public or private roadway _____

Right of way* _____

Building sewer line or leach field (septic) _____

Dry well _____

Stable, barnyard, manure storage _____

Power line/overhead distribution line _____

Surface water (wetland, river, pond) _____



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Each application to construct a well shall include a plan with the following information:

1. A plan with a specified scale, signed by a registered surveyor/engineer, showing the locations of the proposed well in relation to existing or proposed structures.
2. A description/location of current land uses within 200ft. of the proposed well location siting any potential sources of contamination, septic systems, fuel storage tanks, public ways, right-of-ways, and any other potential sources of contamination.
3. If a well's 100ft radius extends onto a neighboring property, the applicant must provide the BOH with proof that the neighbors were notified of this. (ex. certified mail cards, signed letter)
4. If a private well is to be used for drinking purposes, a BUILDING permit for the structure to be served from the well, will not be issued until a water supply certificate is issued by the Board of Health OR a well waiver provided by the Board of Health has been signed by both the owner and Board of Health.

Prior to a well being used for human consumption and issuance of the water supply certificate, the applicant must provide the water quality test to the Board of Health and the BOH agent must have witnessed a flow test on the well.

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 THE HEALTH AGENT & SEALED. THE SAMPLE MUST TESTED BY A MASS DEP CERTIFIED LAB.

I hereby agree to comply with all rules and regulations of the Town of Westminister and the Commonwealth of Massachusetts regarding the installation of wells.

Well Contractor/Driller Signature: _____ Date: _____

Print Name: _____ Phone #: _____



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Fee \$ _____

Well Permit

The Westminister Board of Health _____ approves _____ denies the application to drill a well:

Type (Drinking, Irrigation, etc) _____

Address/Property _____ Owner _____

Owner Phone Number & Email _____

Well Company _____ Well Driller Name: _____

Phone # _____ Well Driller Certification # _____

Application Date _____

Restrictions/extensions/requirements _____

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

A well permit extension of up to 6 months can be granted if the applicant requests an extension prior to Expiration.

Westminister Board of Health

Sign _____ Date _____

Westminister Board of Health
WATER SUPPLY CERTIFICATE

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

This is to certify that the **potable** **nonpotable** private well (circle one)

Constructed at _____
(Address)

By _____
(Name, Address, Telephone Number)

Has been approved in accordance with the provision of the **Westminister Board of Health Private Water Supply Regulations** as described on the Application for Private Well Construction,

Permit # _____ Application Date _____

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.