



TOWN OF WESTMINSTER
 11 South Street
 WESTMINSTER, MASSACHUSETTS 01473
 (978) 874-7409 • Fax (978) 874-7462
 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 Geothermal** 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) _____

Sign off from the Town Treasurer indicates the owner is not in violation of Town Bylaw Chapter 131 Article 1: _____
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****For Geothermal Wells Only:**

Type of Geothermal System _____

Of Boreholes _____

Depth of each Borehole _____

Cumulative Depth of Boreholes _____

Type of antifreeze used in system _____

*Please attach SDS for antifreeze used to the application

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 Westminster and the Commonwealth of Massachusetts regarding the installation of wells.

Well Contractor/Driller Signature: _____ Date: _____

Print Name: _____ Phone #: _____

Permit # _____

Application Date: _____

Fee: _____

Well Permit

The Westminster 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.

Westminster Board of Health

Sign _____ Date _____

Westminster 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 document is to certify that the _____ well,
(Type of Well: Drinking, Irrigation)

Constructed at _____
(Address)

By _____
(Driller 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 # _____ 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.