



# TOWN OF NORTHBOROUGH BOARD OF HEALTH

Town Hall Offices • 63 Main Street • Northborough, MA 01532 • 508-393-5009 • 508-393-3130- Fax

---

## **PROCEDURE FOR THE CONSTRUCTION/DESTRUCTION OF A PRIVATE WATER SUPPLY**

### **WELL CONSTRUCTION**

1. Application for well construction permit obtained from the Health Department.
2. Completed application returned along with a check made payable to the Town of Northborough.
3. Application is reviewed by the Health Agent for completeness.
4. The Health Agent shall determine if any additional sampling requirements are required and incorporate them on the permit.
5. The permit for well construction is either issued or denied (explanation included).
6. Well is constructed/installed in accordance with applicable rules and regulations.
7. Well is developed and disinfected.
8. Certified laboratory services are secured by owner or installer for water sample analysis.
9. Schedule with Health Agent regarding sampling date and time (a minimum of 48 hours prior to sampling).
10. Well water sample(s) are collected and submitted to laboratory for analysis by owner or installer. Health Agent must be present for sampling.
11. Analytical results are submitted to the Health Department for review.
12. Within 30 days after the wells completion the well driller or digger shall submit to Health Department a signed well log/report containing the required information as specified in the well regulations. This report shall constitute the Certificate of Compliance with the terms of the permit and all pertinent rules and regulations pertaining to the well installation.
13. The Health Agent will review the analytical results for compliance with applicable drinking water standards. Determination of the acceptability of the well for a potable water supply will be made and the well will be approved or disapproved for the use accordingly, owner will receive written notification.

### **WELL DESTRUCTION**

1. Application for a well destruction permit is obtained from the Health Department.
2. Completed application is returned to the Health Department.
3. Application is reviewed by the Health Agent for completeness and compliance to applicable rules and regulations.
4. The permit is issued or denied (with explanation).
5. The well is destroyed in accordance with applicable regulations.
6. Within 30 days a signed well driller's or digger's log/report shall be submitted to the health department, this report/log shall constitute a Certification of Compliance with the terms of the regulations.



**APPLICATION FOR THE CONSTRUCTION/DESTRUCTION  
OF A PRIVATE WELL**

In accordance with the rules and regulations of the Town of Northborough Board of Health  
\_\_\_\_\_ hereby applies for a permit to install a private water supply at:

ADDRESS \_\_\_\_\_ OWNER \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Permit requested: ( ) Well Construction  
( ) Well Destruction

Well Construction Requirements:

New construction \_\_\_\_\_ Existing construction \_\_\_\_\_

The type of water service line shall be \_\_\_\_\_ suction \_\_\_\_\_ pressure.

Previous/current land use in the vicinity of the proposed well location (agricultural, forestry, industrial, etc. . . ).

\_\_\_\_\_

Description and approximate distances to potential sources of contamination within 400 ft. of proposed well location.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The well driller's/digger's name and Water Resource Commission Registration number  
\_\_\_\_\_

Attach a sketch of the expected construction of the proposed well to include expected depths and type of aquifer the water may be drawn from (if known).

SIGNED \_\_\_\_\_

Commonwealth of Massachusetts Water Resources Commission Certificate/Registration number  
\_\_\_\_\_ (if applicable).

Well Destruction Requirements:

Attach written statement from the well owner that the well is abandoned.

Specific location of the well to be destroyed.

---

---

The design and construction of the well to be destroyed (attach sketch if appropriate).

---

---

Well driller's/digger's name and Water Resources Commission Registration number

---

SIGNED \_\_\_\_\_

Commonwealth of Massachusetts Water Resources Commission Certificate/Registration number

\_\_\_\_\_ (if applicable).

Please indicate the location of the proposed well at this site on a sketch and attach. Include the lot to be served, with boundaries, any existing or proposed sewage disposal systems and reserve areas, and existing contours. SEWAGE DISPOSAL WORKS PLANS MAY BE SUBSTITUTED and are recommended.



# TOWN OF NORTHBOROUGH BOARD OF HEALTH

Town Hall Offices • 63 Main Street • Northborough, MA 01532 • 508-393-5009 • 508-393-3130- Fax

---

WELL LOCATION:

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_

OWNER:

NAME: \_\_\_\_\_

STREET: \_\_\_\_\_

TOWN: \_\_\_\_\_

PHONE: \_\_\_\_\_

DRILLER: \_\_\_\_\_

PROPOSED DATE OF INSTALLATION: \_\_\_\_\_

---

## PROPOSED WELL CONSTRUCTION (Please indicate approximate depth)

<input type="text"/>	casing height above ground surface ground surface
<input type="text"/>	thickness of surface seal
<input type="text"/>	type of surface seal
<input type="text"/>	buntonite seal (depth)
<input type="text"/>	approximate total depth
<input type="text"/>	depth to top of well screen
<input type="text"/>	depth of bottom of well screen
<input type="text"/>	bottom of boring (ft.)

NOT TO SCALE