



# 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 for \$100.00.
3. Application is reviewed by the Health Agent for completeness.
4. A licensed electrician must pull a permit for the installation of any private water supply.
5. A licensed plumber must pull a permit for well plumbing to house or backflow preventer - inspections on any irrigation system being connected to a private drinking water supply.
6. The permit for well construction is either issued or denied (explanation included, additional sampling may be necessary).
7. Well is constructed/installed in accordance with applicable rules and regulations.
8. Well is developed and disinfected.
9. Owner or Installer must secure a MADEP Certified Laboratory for water sample analysis (<http://public.dep.state.ma.us/Labcert/Labcert.aspx>). Sampling may be done by owner or installer once they receive proper containers from the lab. Sampling must be witnessed by the Health Department. Applicant/Installer must schedule a date and time with the Health Department to witness the water sampling. A minimum of 48 hours' notice is required prior to sampling.
10. Analytical results are submitted to the Health Department for review.
11. Within 30 days after the wells completion, the well installer shall submit a Well Completion Report to Health Department and MADEP containing the required information as specified in the well regulations. 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.
12. Not until the Health Department has all required sign-offs from DPW, Electrical, and/or Plumbing Inspectors, will a Well Completion Certificate be issued.

### **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. The Health Department will be called to inspect.
6. Within 30 days a signed Decommissioned Well Report shall be submitted to the Health Department and filed with MADEP. This report shall constitute a Certification of Compliance with the terms of the regulations.



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## Application for the Construction/Destruction of a Private Well / Pump

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:

### Well Permit #

Fee: \$100.00  
Check #: \_\_\_\_\_  
Date: \_\_\_\_\_  
Parcel ID: \_\_\_ / \_\_\_ / \_\_\_

Address \_\_\_\_\_

Owner(s) \_\_\_\_\_ Phone #: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Owner Authorization: \_\_\_\_\_

Private Septic

Town Sewer

Check all that apply: New Well Construction  Existing Well Repair

Well Destruction

If repair, please explain the repairs that are needed:

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

*for*

Drinking Water Well  Irrigation system to be connected to Drinking Water Well

Separate Irrigation Well

Geothermal Well

Monitoring Well

A description of prior and 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 existing and proposed structures, subsurface sewage disposal systems, subsurface fuel storage tanks, public and private ways, utility rights-of-way, and/or any other potential sources of pollution. \_\_\_\_\_

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

Name of Well Driller/Drilling Company: \_\_\_\_\_

Certification Number: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_



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Attach sketch: Plot plan shall indicate the proposed location of the well, property lines (with bearings and distances), dimensions to the proposed well from the property lines, all building, sewer pipes, septic systems within two hundred (200) feet, drains, easements, wetlands/surface waters within one hundred (100) feet and one hundred (100) year flood elevation for flood zones within one hundred (100) feet of the proposed well. For a lot that will be served by an on-site septic system, the plot plan shall be the septic system plan with the proposed location of the well shown, all of the above requirements shown and all septic systems

Well Driller's Signature \_\_\_\_\_ Date: \_\_\_\_\_

Proposed Date of Installation: \_\_\_\_\_

### PUMPS (to be filled in before installation)

Name and size of pump: \_\_\_\_\_

Type: \_\_\_\_\_

Size of tank: \_\_\_\_\_

Pump delivers: \_\_\_\_\_ GPM

Pipe used in well: \_\_\_\_\_ Cast Iron  Galvanized  Plastic

Sleeve used to protect pipe? Yes  No

Type of well seal: \_\_\_\_\_

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

***Pump Installer's Signature***

### Well Permit #

Address: \_\_\_\_\_

Parcel ID: \_\_\_ / \_\_\_ / \_\_\_

### **Well Destruction Requirements:**

Check Here if Not Applicable

Please fill out the attached Massachusetts Department of Environmental Protection (MADEP) "Decommissioned Well Report" and submit to the Health Department as well as file with MADEP.

Well Drillers Signature \_\_\_\_\_



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**The following sign-offs are to be obtained upon inspection  
and before a Certificate of Inspection will be issued.**

Date Health Department witnessed water sampling: \_\_\_\_\_

Date water analysis report submitted to Health Department: \_\_\_\_\_

Comments:

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

\_\_\_\_\_  
**Plumbing Inspector**

\_\_\_\_\_  
**Wiring Inspector**

\_\_\_\_\_  
**DPW**

\_\_\_\_\_  
**Health Inspector**

\_\_\_\_\_  
**Date**

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