



# APPLICATION TO CONSTRUCT A PRIVATE WELL

## REQUIRED DOCUMENTS

**A completed application for a permit to construct a well shall include:**

(See the Regulations for Town of Framingham Board of Health Private Well Regulations (December 18, 2013) for assistance with developing the following documents):

- (1) The Certified Well Driller's name and proof of valid Commonwealth of Massachusetts registration.
- (2) A plan with a specified scale that is signed by a registered surveyor or engineer showing the location of the proposed Private Well in relation to existing or proposed above or below ground structures.
- (3) A description and location of all existing and proposed structures as well as location of any potential source of pollution within the radii (in feet) (noted in Section 7.00 of the Private Well Regulation).
- (4) Proof that the owner of any property abutting the Applicant's property has been notified of the Applicant's intention to install a Private Well (noted in Section 8.06(b) of the Private Well Regulation).
- (5) The permit fee required, as established by the Board, of \$100.
- (6) All private wells must conform to the minimum setback distances (noted in Section 7.03 of the Private Well Regulation). All associated setbacks shall be listed on the application in detail.

**Be advised that the Health Department has thirty (30) days to review all completed applications and plans prior to a scheduled Board of Health meeting.**

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

Permit Fee: \$100

# TOWN OF FRAMINGHAM BOARD OF HEALTH APPLICATION FOR PERMIT TO CONSTRUCT A WELL

I hereby petition the Board of Health of Framingham, MA for a permit to construct a well.

Address of Property: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ Tel. #: \_\_\_\_\_

Name of Owner (if Different): \_\_\_\_\_ Tel. #: \_\_\_\_\_

Address of Owner: \_\_\_\_\_

Well Driller Name: \_\_\_\_\_ Tel. #: \_\_\_\_\_ MA Reg. #: \_\_\_\_\_

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

Type of Well: Potable \_\_\_\_\_ Irrigation Only \_\_\_\_\_ Monitoring \_\_\_\_\_ Other \_\_\_\_\_

**A detailed plot plan shall be submitted with this application as required by the Framingham Board of Health in the "Town of Framingham Board of Health Private Well Regulations" dated December 18, 2013.**

The undersigned acknowledges that they must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the Laws of the Town of Framingham and the Commonwealth of Massachusetts, and agrees to abide by all rules and regulations of the Town of Framingham and the Commonwealth of Massachusetts.

The undersigned also understands that under Regulation 2.2, NO CONSTRUCTION OF THE FACILITIES WHICH THE WELL IS TO SERVE MAY BE PERFORMED UNTIL THE WELL IS INSTALLED, COMPLETED, AND INSPECTED, AND HAS BEEN DEMONSTRATED TO SUPPLY WATER OF THE QUALITY AND QUANTITY SPECIFIED IN THE "Town of Framingham Board of Health Private Well Regulations" dated December 18, 2013.

**Setbacks Observed (7.03)** - include type of setback (property line, subsurface sewage disposal systems, other wells, etc.) and measured distance in feet and inches (see regulation):

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

**Abutter Notification (5.02 (7))** – required to obtain approval by the Board of Health.

Signature of Applicant/Owner: \_\_\_\_\_ Date: \_\_\_\_\_

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**SIGN OFF**

Reviewed By:

Chief of Environmental Health: \_\_\_\_\_

Comments: \_\_\_\_\_

Environmental Site Assessment Officer (LSP): \_\_\_\_\_

Comments: \_\_\_\_\_

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**WELL DATA**

Water Analysis: \_\_\_\_\_ Flow Data: \_\_\_\_\_

Received: \_\_\_\_\_ Received: \_\_\_\_\_

Approved: \_\_\_\_\_ Approved: \_\_\_\_\_