



TOWN of STURBRIDGE BOARD of HEALTH



Public Health
Prevent. Promote. Protect.

Application for the Construction/Destruction of a Private Well

\$100 Permit Fee - Check to be made payable to Town of Sturbridge

In accordance with the rules and regulations of the Town of Sturbridge Board of Health the individual below hereby applies for a permit to install a private water supply at:

Address _____ Owner _____

Phone _____ Email _____

Address of owner if different from above:

Street: _____ Town/City: _____

State: _____ Zip Code: _____

☐ New construction ☐ Existing construction

The type of water service line shall be: ☐ Suction ☐ Pressure

Name of Professional Engineer/ Registered Sanitarian/Surveyor:

The well driller's/digger's name and MA License #:

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



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Required Attachments:

- A plan with specified scale, signed by a registered surveyor or engineer, showing the location of the proposed well in relation to existing or proposed above or below ground structures.

-NO PERMIT WILL BE ISSUED WITHOUT A SATISFACTORY PLOT PLAN ATTACHED-

- A description (to be shown on plot plan) of visible 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 the following:
 - Existing and proposed structures
 - Subsurface sewage disposal systems
 - Subsurface fuel storage tanks
 - Public ways
 - Utility rights-of-way
 - Any other sources of pollution
- 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).
- Permit fee (\$100)

Required Setbacks (Application will NOT be reviewed if setback information is not completed):

Well	Required (in feet)	Actual (in feet)- or N/A
Property line	15	
Public roadway	25	
Normal high water mark of any lake, pond, river, stream, ditch, or slough	25 (laterally)	
Building sewer (durable, corrosion resistant material w/ watertight joints)	10	
Building sewer (constructed of any other type of material not listed above)	50	
Septic tank	50	
Leaching field	100	
Privy	100	
Water Supply Line	Required (in feet)	Actual (in feet)
Sewer line	10 & 18 inches above	



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By signing below, the applicant acknowledges and understands that the Board of Health issues well drilling permits based on the information provided with the application and accompanying plot plan. The Board of Health expects the site condition and setbacks depicted in the plot plan are accurate and true. Placing a well in a different location than depicted on the plan may invalidate the well.

Applicant Signature: _____ Date: _____

(Office use only)

Approved by: _____ Title: _____ Date: _____

*Please note that each permit shall expire one (1) year from the date of issuance unless revoked for cause. Permits may be extended for one additional six (6) month period provided that the Board receives a written request for an extension prior the one-year expiration date.

*Well permits are not transferable.

*Prior to the issuance of an occupancy permit (existing structure) or the issuance of a building permit (new construction), a Water Supply Certificate will be required. Requirements to obtain this certificate are:

- A well construction permit (issued by the BOH)
- A copy of the Water Well Completion Report as required by the DEM Office of Water Resources (313 CMR 3.0)
- A copy of the Pumping Test Report required pursuant to Section VII of the Sturbridge Regulations for Private Wells
- A copy of the Water Quality Report required pursuant to Section VIII of the Sturbridge Regulations for Private Wells
- The GPS-derived latitude and longitude of the wellhead



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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.



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Procedure for the Construction/Destruction Of A Public 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 Sturbridge.
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.