



TOWN OF MILLBURY

127 ELM STREET
MILLBURY, MA. 01527
508-865-4721

BOARD OF HEALTH

WELL CONSTRUCTION APPLICATION (Read Millbury Well Regulations for Water Testing Requirements)

Non-Refundable Fees:

Residential: \$150.00 Commercial: \$250.00

DATE: _____

Checks made Payable to the **Town of Millbury**

Board of Health File No. _____ (if Applicable)
Address of NEW well : _____ Map ,Lot, Parcel#: _____ (Must be obtained from Assessors)
DEEPEN ONLY or HYDROFRAC ONLY: _____
Property Owner/Applicant: _____
Address: _____ Phone #: _____
Signature of Owner/Applicant: _____ Date: _____

Well Driller Name: _____ Company Name: _____

Address of Well Driller: _____ Telephone #: _____

Proof of Valid Registration required: # _____ Rig # _____

EMAIL ADDRESS (required) _____

Signature of Well Driller: _____ Date: _____

WELL CONSTRUCTION INFORMATION REQUIRED FOR NEW WELL:

Well location plan required: (septic system plans may be used for this purpose), Containing descriptions of visible and prior/current land used the following 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 potential sources of pollution

***NOTE:** *If you are replacing an existing well you MUST complete a Well Decommission Application*

Office use Only:

Approved: _____ YES or NO

Well PERMIT # _____

Signature of Board of Health: _____ Date: _____

**This Permit is to be ON SITE at all times that work is taking place.
VALID FOR ONE YEAR FROM DATE OF ISSUANCE UNLESS REVOKED FOR CAUSE**

WELL PERMITS ARE NON-TRANSFERABLE