



BOARD OF HEALTH

TOWN OF MILLBURY

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

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

Revised 7-27-22