

TOWN OF UXBRIDGE  
BOARD OF HEALTH  
TOWN HALL  
21 SOUTH MAIN STREET  
UXBRIDGE, MA 01569  
508-278-8600 X 2015

### APPLICATION FOR WELL PERMIT

Permit Number: \_\_\_\_\_ Date: \_\_\_\_\_ Fee: \$50.00  
Add'l Fee: \$50.00

Well Street Location: \_\_\_\_\_ Lot No: \_\_\_\_\_

Property Owner: \_\_\_\_\_ Phone No. \_\_\_\_\_

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

Well Driller: \_\_\_\_\_ D.E.M. License No. \_\_\_\_\_

**Check Appropriate:**

- New Drinking Water Well
- New Irrigation Well
- Replacement Of An Existing Well
- Decommission (Explain On Page 2 Attached)
- Other

**Check Appropriate:**

- Septic System Plans Have Been Approved With New Well  
Location – Date Of Approval:
- Attach Plan To The Board Of Health Indicating It is In Compliance With The  
Requirements Set Forth In Section 14.2 (C) And 14.3 (E)

**I, The Undersigned, Swear That The Above Information Is True. In Addition, I Accept  
Responsibility For The Well To Be Installed In Compliance With All Local And State Regulations.**

\_\_\_\_\_  
**Signature Of Applicant**

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**This Permit Is Not Valid Unless Signed Below By The Board Of Health Or Its Agent.**

Approved By: \_\_\_\_\_  
**Board Of Health Or Agent**

Date Of Issue: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
**(6 Months From Date Of Issue)**

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**Alteration Or Repair Of Existing Well:  
Explain Below:**

**Decommission Of An Existing Well (Section 14.7)  
Explain Below:**

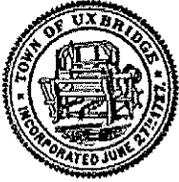
**Decommission Of This Well Must Meet Any Of The Following Criteria. Section 14.7 (B)  
Check Appropriate.**

- Construction Of The Well Is Terminated Prior To Completion Of The Well.**
- The Well Owner Notifies The Board That The Use Of The Well Is To Be Permanently Discontinued.**
- The Well Has Been Out Of Service For At Least Three (3) Years.**
- The Well Is A Potential Hazard To Public Health Or Safety And The Situation Cannot Be Corrected.**
- The Well Is In Such A State Of Disrepair That Its Continued Use Is Impractical.**
- The Well Has The Potential For Transmitting Contaminants From The Land Surface Into An Aquifer Or From One Aquifer To Another And The Situation Cannot Be Corrected.**

**Proof Of Decommission (i.e. Itemized Receipt) Must Be Provided To The Board Of Health Within Thirty (30) Days Of Completion. (Section 14.7 (D))**

**REQUIREMENTS FOR WELL TESTING**

1. QUALITY TEST RESULTS MUST BE GIVEN TO THE BOARD OF HEALTH BEFORE A BUILDING PERMIT WILL BE ISSUED.
  - A. EPA 524.2 Or Equivalent – Drinking Water Volatiles
  - B. Primary And Secondary Drinking Water Standards  
Examples: Iron, Color, Manganese, pH etc.
  - C. To Be Obtained From A State Certified Lab – Must Be Original Copy
  
2. QUANTITY TEST RESULTS MUST BE GIVEN TO THE BOARD OF HEALTH BEFORE A BUILDING PERMIT WILL BE ISSUED.
  - A. Blue Copy Of Well Completion Report (To Be Obtained From The Well Driller)
  
3. WELL MUST BE LOCATED ACCORDING TO THE APPROVED SEPTIC PLAN



**APPLICATION FOR WATER SUPPLY CERTIFICATE**

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The Undersigned Applicant Being The Owner/Agent Of Property Located At:

Requests The Issuance Of A Water Supply Certificate By The Uxbridge Board Of Health. The Following Items Are Attached For Your Review As Per The Requirements Of Regulations Section 14.6 (B):

- Well Construction Permit
- Water Well Completion Report (DEM Form)
- Water Quality Report (Must Include Certified Laboratory's Original Results Of The Water Quality Tests, Name Of Individual Who Performed The Sampling (Chain Of Custody), And Verification Of Lab Certification For Parameters Analyzed)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature Of Applicant

**FOR BOARD OF HEALTH USE ONLY**

Please Be Advised That The Uxbridge Board Of Health Has Reviewed Your Request For The Issuance Of A Water Supply Certificate And Has Made The Following Determination:

- APPROVED
- DENIED (Reason Specified Below)
- CONDITIONAL APPROVAL (Reason Specified Below)

**REASON FOR DENIED/CONDITIONAL APPROVAL:**

The Issuance Of This Water Supply Certificate Shall Not Be Construed As A Guarantee That The System Will Function Satisfactorily. The Uxbridge Board Of Health Assumes No Liability As To Water Quality Or Quantity On The Constructed Well.

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

\_\_\_\_\_ Signature Of Board Of Health Member/Agent