



Town of Uxbridge

Board of Health

21 South Main Street

Uxbridge, MA 01569

508-278-8600 Ext.8

boh@uxbridge-ma.gov

Well Permit Application

Permit Number: _____ Date: _____ Fee: \$ _____

(Checks made payable to Town of Uxbridge)

Address Location of Well to be Drilled: _____

Name of Property Owner: _____

Address of Property Owner: _____

Phone Number of Property Owner _____

Name of Well Driller: _____ License # _____ (Attached Copy of License)

Name of Well Company: _____ Phone Number: _____

Company Address: _____ Email: _____

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: _____

_____ Attached professional engineer plan to the Board of Health indicating it complies with the requirements set forth in Section 14.2 (C) and 14.3 (E) of Uxbridge Board of Health Regulations Article XIV Minimum Sanitation Standards for Private and Semi-Public Wells

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

Print name of applicant

Signature of applicant

The Uxbridge Board of Health hereby approves construction/deconstruction of a private well located at

(location)

Date of Issue: _____

Expiration Date: _____
(6months from date of issue)

Approved by: _____
Board of Health Member or Agent

Application for Well Permit

Alteration or repair of existing well:

Explain below:

Decommission of an existing well (section 14.7) of Uxbridge Board of Health Regulations Article XIV Minimum Sanitation Standards for Private and Semi-Public Wells

Explain Below:

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) of Uxbridge Board of Health Regulations Article XIV Minimum Sanitation Standards for Privat and Semi-Public Wells.

Requirements for well testing

1. Quality test results must be given to the Board of Health before a building permit is 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 Massachusetts state certified lab – **must** be original copy.
2. Quantity test results **must** be given to the board of health before a building permit is issued.
 - A. Well completion report (to be obtained from the well driller)
3. Well **must** be located according to the approved engineered plan.