Billerica Board of Health

Town Hall
365 Boston Road
Billerica, MA 01821
Phone: 978-671-0931 Fax 978-671-0919
Web Site www.town.billerica.ma.us

APPLICATION FOR A WELL CONSTRUCTION PERMIT

Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.2.006

Please Print **FEE $ 100.00**

ADDRESS OF PROPERTY _____

ASSESSOR'S MAP _____ PARCEL NUMBER _____

OWNER OF PROPERTY _____ PHONE # _____

OWNER'S MAILING ADDRESS _____

A Massachusetts licensed well driller must file this application for the owner. Any permit issued by the Billerica Board of Health will be mailed to the well driller, and a copy will be mailed to the homeowner upon request.

WELL DRILLER'S NAME _____ STATE LICENSE # _____

MAILING ADDRESS _____

EMAIL ADDRESS _____PHONE #_____

TYPE OF PROPERTY

___ Residential ___ Commercial

___ Industrial ___ Other*

* describe Other Type of Property

_____

TYPE OF WELL

___ Irrigation Well ___ Private Water Supply

___ Public Water Supply ___Monitoring Well ___Other *

* describe Other Type of Well

_____

REQUIREMENTS:

1. Provide a plan with house building location, proposed well location, and septic system location.
2. Provide locations of all septic systems located within 200 feet of the proposed well location.
3. Provide location of horse barns within 100 feet of the proposed well location.
4. Submit copy of well driller's license.
5. Submit fee required.
6. A well report and laboratory analysis must be submitted to the Board of Health prior to use of the well, if required.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

I, the undersigned, hereby apply to the Billerica Board of Health for a Permit to Construct a Private Well in accordance with Board of Health Rules and Regulations, Chapter 5, Section 5.2.006

_____
Print Name of Applicant

_____
Signature of Applicant Date

_____
Social Security # / Federal Identification #

RECEIVED