



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 _____

TYPE OF PROPERTY

TYPE OF WELL

___ Residential ___ Commercial ___ Irrigation Well ___ Private Water Supply

___ Industrial ___ Other* ___ Public Water Supply ___ Monitoring Well ___ Other *

* describe Other Type of Property

* 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 #

