Town of Athol
BOARD OF HEALTH
584 Main St, Athol MA 01331
978-249-7934
978-249-0134 fax
boh@townofathol.org

Public Health
Prevent. Promote. Protect.

WELL CONSTRUCTION PERMIT APPLICATION

TOWN OF ATHOL, MASSACHUSETTS BOARD OF HEALTH

To dig or drill a well in town required a well construction permit issued by the Board of Health in accordance with the Private Well Regulations and MGL Chapter 40, Sec. 54.

APPLICANT: _____ PHONE #: _____

ADDRESS: _____

WELL DRILLER: _____ LICENSE #: _____

ADDRESS: _____ PHONE #: _____

SANITARIAN/ENGINEER: _____ LICENSE #: _____

PROPERTY OWNER: _____

LOT LOCATION OF WELL: Map #: _____ Parcel #: _____ [Can obtain from Assessors]

STREET ADDRESS OF WELL: _____

FEE: $100.00 Payable by check or money order to the Town of Athol

NEW: _____
REPAIR: _____
DECOMMISSION: _____
LOT SIZE: _____

A water supply certification from the Board must be issued for the use of a private well prior to the issuance of an occupancy permit for an existing structure or prior to the issuance of a building permit for new construction which is to be served by the well, pursuant to MGL Chapter 40, section 54. Requirements for certification are:

1. A well construction permit
2. A copy of the Water Well Completion Report as required by the Division of Water Resources (CMR 313, section 3.00)
3. A copy of the Pump Test Report required pursuant to Section VII of the Athol Board of Health Regulations for Private Wells
4. A copy of the Water Quality Report required pursuant to Section VIII of the Athol Board of Health Regulations for Private Wells

List of potential sources of contamination for private wells:

1.	Subsurface Sewage Disposal Field....	Requires:	100 Feet	Actual _____
2.	Cesspool, Seepage Pit.....	Requires:	100 Feet	Actual _____
3.	Septic Tank.....	Requires:	50 Feet	Actual _____
4.	Sewer Line.....	Requires:	10 Feet	Actual _____
5.	Defined Property Line.....	Requires:	10 Feet	Actual _____
6.	Public Way (from def. Prop. Line)...	Requires:	25 Feet	Actual _____
7.	Driveways.....	Requires:	15 Feet	Actual _____
8.	Swamps, Wetlands, Brooks.....	Requires:	25 Feet	Actual _____
9.	Dwelling or other Structure.....	Requires:	5 Feet	Actual _____
10.	Rights of Ways.....	Requires:	15 Feet	Actual _____

11. Other Potential Sources of Contamination: _____

Attach map of proposed well location that 1) is an extended plot plan covering a radius of 200' around the proposed well, 2) identifies lateral distances of items 1. – 11 above, 3) owner of record must submit proof (receipt for certified mail or equivalent) that all owners of any properties abutting the subject property have been notified of the owner's intention to install a well.

Permit No: _____ By: _____ Date: _____

IV WELL CONSTRUCTION PERMIT

The property owner or his designated representative shall obtain a permit from the Board of Health prior to the commencement of construction of a private well.

Each permit application to construct a well shall include the following:

(1) The property owner's name, address, and telephone number.

(2) The well driller's name, address, telephone number, and proof of valid state registration.

(3) A plan with a specified scale, signed by a registered surveyor or engineer, showing the location of the proposed well in relation to existing or proposed above or below ground structures.

(4) A description and location of visible prior and current land uses within two hundred (200) feet of the proposed well location, which represent a potential source of contamination, including but not limited to the following:

a. Existing and proposed structures
b. Subsurface sewage disposal systems
c. Subsurface fuel storage tanks
d. Public ways
e. Utility right-of-way within 500 – 1000 feet of the well site
f. Any other potential sources of pollution

(5) Proof that the owner of any property abutting the applicant's property has been notified or the applicant's intention to install a well.

(6) A permit fee of $100.00.

The permit shall be on site at all times that work is taking place. Each permit shall expire on (1) year from the date of issuance unless revoked for cause. Permits may be extended for one additional six- (6) month period provided that the Board prior to the one-year expiration date receives a written request. No additional fee shall be charged for permit extension, provided there is no charge in the plans for the proposed well.

Well Construction Permits are not transferable.

IV WELL LOCATION AND USE REQUIREMENTS

In locating a well, the applicant shall identify all potential sources of contamination which exist or are proposed within two hundred (200) feet of the site. When possible, the well shall be located up-gradient of all potential sources of contamination and shall be as far removed from potential sources of contamination as possible, given the layout of the premises.

Each private well shall be accessible for repair, maintenance, testing, and inspection. The well shall be completed in a water bearing formation that will produce the required quantity of water under normal operating conditions.

Each private well shall be located at least ten feet from any property line. The centerline of a sell shall, if extended vertically, clear any projection from an adjacent structure by at least ten feet.

All private wells shall be located at least 25 feet, laterally, from the normal high water mark of any lake, pond, river, stream ditch, or slough. When possible, private water systems shall be located in areas above the 100-year floodplain.

A suction line or well shall be located a minimum of 10 feet from a building sewer constructed of durable corrosion resistant material with watertight joints, or 50 feet from a building sewer constructed of any other type of pipe; 50 feet from a septic tank; 100 feet from a leaching field; and 100 feet from a privy.

Water supply lines shall be installed at least 10 feet from and 18 inches above any sewer line. Whenever water supply lines must cross sewer lines, both pipes shall be constructed of class 150-pressure pipe and shall be pressure tested to assure water tightness.

The Board reserves the right to impose minimum lateral distance requirements from other potential sources of contamination not listed above. All such special well location requirements shall be listed, in writing, as a condition of the well construction permit.

No private well, or its associated distribution system, shall be connected to either the distribution system of a public water supply system or any type of waste distribution system.

VIII WATER QUALITY TESTING REQUIREMENTS

After the well has been completed and disinfected, and prior to using it as a drinking water supply, a water quality test shall be conducted.

A water sample shall be collected in accordance with "Standard Methods for the examination of water and wastewater". To ensure that proper procedures are followed, the sample shall be collected either by an authorized representative of a laboratory certified by the Commonwealth or Massachusetts, or by an agent for the Board of Health. Test results of samples taken by anyone other than those designated above will not be accepted.

A water sample shall be collected after purging three well volumes. The water sample to be tested shall be collected at the pump discharge or from a disinfected tap in the pump discharge line. In no event shall a water treatment device be installed prior to sampling.

The water quality test, utilizing EPA approved methods for drinking water and NOT methods used for analyzing wastewater, shall be conducted by a certified laboratory and shall include analysis for the following parameters:

A	PARAMETER	MAX. ACCEPTABLE LIMIT
	Coliform bacteria...	0/100 ml
	Nitrogen (nitrate)...	10 mg/L
	Turbidity...	1 turbidity unit
	Benzene...	0.005 mg/L
	Carbon tetrachloride...	0.005 mg/L
	Para-dichlorobenzene...	0.005 mg/L
	1,2 dichloroethane...	0.005 mg/L
	1,1 dichloroethylene...	0.007 mg/L
	1,1,1 trichloroethane...	0.20 mg/L
	Trichloroethylene...	0.005 mg/L
	Vinyl chloride...	0.002 mg/L

B	**SODIUM**	**greater than 20 mg/L is of concern to persons on low sodium diets.**

C INDICATOR PARAMETERS:

PARAMETER	RECOMMENDED UPPER LIMITS	RECOMMENDED LOWER LIMITS
Alkalinity...	100 mg/L	30mg/L
Calcium...	150 mg/L	50mg/L
Chloride...	250 mg/L	
Color...	15 color units	
Copper...	1 mg/L	
Hardness...	200 mg/L	50 mg/L
Iron...	0.3 mg/L	
Magnesium...	relative scale	
Manganese...	0.05 mg/L	
Nitrogen (ammonia)...	0.1 mg/L	0.015 mg/L
Nitrogen (nitrite)...	1 mg/L	
Odor...	3 threshold odor number	
pH...	8.5	6.5
Potassium...	relative scale	
Sediment...	visual observation	
Sulfate...	250 mg/L	
Total dissolved solids...	500 mg/L	
Lead...	.05 mg/L	

Following a receipt of the water quality test results, the applicant shall submit a Water Quality Report to the Board, which includes:

1. a copy of the certified laboratory's test results
2. the name of the individual who performed the sampling
3. from where in the system the water sample was obtained

The Board reserves the right to require re-testing of the above parameters, or testing for additional parameters when, in the opinion of the Board, it is necessary due to local conditions or for the protection of the public health, safety, and welfare. All costs and laboratory arrangements for the water testing are the responsibility of the applicant.

ABUTTERS: Owners of land that touches your property (adjacent to your land). All abutters need to be notified no matter how far their land is from your well site. If your well site is within 100 feet from the owners land across the street from your property, they need to be notified as well.

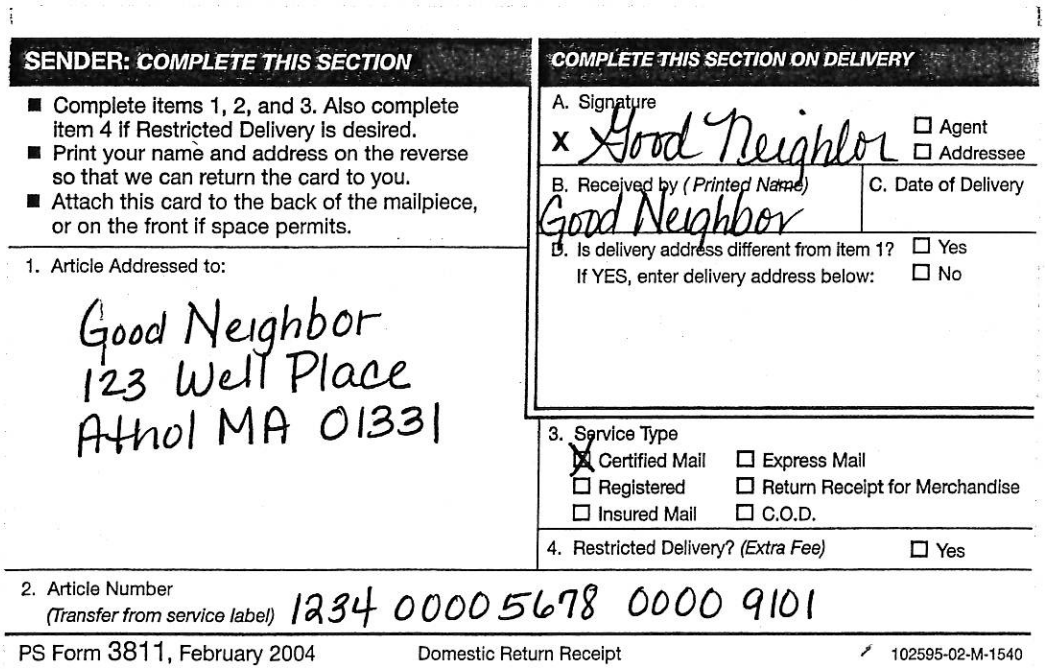
Ways to obtain proof that abutters have been notified of your intention to install a well: (Proof constitutes their signature.)

1. Deliver or mail a letter to abutters. Get their signatures acknowledging receipt of letter. Sample letter on back of this page.

2. Mail a certified letter to abutters. A certified letter has a postcard attached that the recipient signs. The postcard is mailed back to you and can be turned in to the Board of Health office as proof.

   When you mail a certified letter (usual cost $5.75 presently) it is always a good idea to also mail a letter regular mail. If the person refuses to sign for the certified letter they will still get the information in the regular mail. The refused letter will be returned to you, and constitutes proof of your attempt to the Board of Health.

If you don't know the name of the property owner, or if they live elsewhere, you can go to the Assessors Office in Town Hall for that information.



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Good Neighbor
123 Well Place
Athol MA 01331

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Good Neighbor ☐ Agent ☐ Addressee

B. Received by (Printed Name) Good Neighbor
C. Date of Delivery

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type
☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number (Transfer from service label) 1234 0000 5678 0000 9101

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

Sample of a returned postcard from a certified letter.

_____
Date

Dear _____,

This is to inform you that we intend to install a well at:

_____

This location is adjacent to your property. Athol Well Regulations require that we notify you. If you have any questions concerning this please call the Athol Board of Health office at (978) 249-7934.

Please sign below to acknowledge you have received notification and return it to me.

Thank you for taking the time to acknowledge this letter.

Sincerely,

_____

_____ _____
Signature of Abutter Date

MASSACHUSETTS STATE
CERTIFIED WATER TEST LABS IN OUR AREA

~~**BERKSHIRE ENVIRO LABS, INC.**~~
~~266 Main Street~~
~~Lee, MA 01238~~
~~413-243-1416~~

ENVIRONMENTAL TESTING AND RESEARCH LABS
60 Elm Hill Ave
Leominster, MA 01453-4225
978-840-2941
978-466-3492 fax
etrlabs.com

HOWARD LABS
62 Main St, Bldg #2
Hatfield MA 01038
413-247-5533
413-247-9599 fax
howardlaboratories.com

HOLYOKE WATER LAB
600 Westfield Rd.
Holyoke, MA 01040-9537
413-532-6778

MICROBAC
100 Barber Ave
Worcester MA 01606
508-595-0010

QUABBIN ANALYTICAL LAB
9 Stadler Street
Belchertown, MA 01007
413-323-7134
413-323-7532 fax

NASHOBA ANALYTICAL, LLC
31A Willow Rd
Ayer MA 01749
978-391-4428
978-391-4643 fax
nashobaanalytical.com

Updated 8/14/2012