



Town of Boxford

7A Spofford Road
Boxford, Massachusetts 01921

Board of Health
[978] 887-6000 Ext 507

Application for Well and Pump Permit

FEE: \$100.00 Permit #: _____

Application is hereby made for a permit to: Drill () or Repair () a well. Application is also made to Install () Major Renovation () or Major Repair () of pump system.

SITE LOCATION/ LOT #: _____

ASSESSOR'S MAP, BLOCK, LOT #: _____

NAME OF PROPERTY OWNER: _____

OWNER'S ADDRESS: _____

OWNER'S TEL: _____

WELL CONTRACTOR: _____

ADDRESS: _____ TEL: _____

COMMONWEALTH OF MASS REGISTRATION #: _____

PUMP CONTRACTOR: _____

Attach a plan or drawing showing the following with approximate ($\pm 5\%$) distances as appropriate:

- House, additional buildings, septic system and proposed well location
- Distance of all wells and septic systems on abutting properties from proposed well location
- Distance of proposed well location from all property lines and roadways
- Distance of proposed well from any existing manure storage or handling areas

If any setbacks do not meet BOH requirements, STOP. This application cannot be issued without a variance.

As required in the Board of Health Policy for Issuance and Review of Well Drilling Permits (15, November 1995) all applicants must read and sign the following paragraph before a well drilling permit is issued.

I Certify that I have read and understand all requirements of Boxford Board of Health Regulation, Chapter 202, Private Water Supply Regulations. I understand that I, as the applicant for the well drilling permit on the above property am responsible for complying with all parts of the regulation. I certify that any variances or conditions required from the Boxford Board of Health for installation of the well have been granted and are attached. I further certify that the owner of the property on which this well is to be installed has approved the plan and has given me authorization to obtain this permit.

Well Contractor Signature and MA Registration Number

Date

I have reviewed and approved this application.

Boxford Health Agent

Date

This application meets all Boxford Wetland Protection Regulations.

Conservation Commission Signature

Date

Well Contractor: To be Filled in at Time of Pump Test

Type of well _____ Well Used for _____
Diameter of well _____ Size of Casing _____
Depth to Bedrock _____ Depth of casing into Bedrock _____
Was Seal Tested? Yes _____ No _____ Date of Testing _____
Depth of Well _____ Well ended in what material? _____
Depth To Water _____ Gallons per minute _____
Drawdown _____ Feet after pumping _____ hours at _____ DPM

Sign and attach the as-built plan to this form showing the final well location.

Date of Well Completion: _____

Well Contractor's Signature: _____

Pump Installer: To be Filled in Before Installation

The well shall be pumped for a period of four hours at a constant draw down water level.

Size and Name of Pump: _____

Type of Pump Used: _____

Water Pump Delivers: _____

GPM Size of tank: _____

Pipe material used in Well: Cast Iron () Galvanized () Plastic () if Plastic, test strength.

Well Pit () or Pitless Adapter ()

Was sleeve used to protect pipe? Yes () No ()

Type or Name of Well Seal: _____

Date: _____ Pump Installers Signature: _____

Boxford Board of Health Well Set-back requirements (ref. Chapters 202 and 203):

- Fifty feet to any lot line or a street
- Fifty feet to any septic tank.
- One hundred feet to any privy, cesspool or leaching facility.
- One hundred fifty feet to any privy, cesspool or leaching facility in those cases where the percolation rate of the septic system installation area is less than five minutes per inch.
- One hundred feet from any existing manure storage or handling area

The separation between two operational wells shall be no less than 100 feet