



TOWN OF HOPEDALE
Board of Health
78 Hopedale Street - P.O. Box 7
Hopedale, Massachusetts 01747
Tel: 508-634-2203 Ext. 222 Fax: 508-634-2200

WELL CONSTRUCTION PERMIT APPLICATION

Please print:

A. Well Driller Information:

Well Driller: _____

Address: _____

Phone No.: _____ Email: _____

D.E.M. License No. _____ Dig Safe No.: _____

B. Property Information:

Street Location: _____ Lot No.: _____

Name of Property Owner: _____

Property Owner Address: _____

Phone No.: _____ Email: _____

C. Check Appropriate:

- | | |
|---|---|
| <input type="checkbox"/> New Drinking Water Well | <input type="checkbox"/> New Irrigation Well |
| <input type="checkbox"/> Replacement of an Existing Well | <input type="checkbox"/> Deepen Existing Well |
| <input type="checkbox"/> Decommission - Explain on Separate Attached Sheet | |
| <input type="checkbox"/> Other - Explain on Separate Attached Sheet | |
| <input type="checkbox"/> Septic System Plans Have Been Approved with New Well Location
Date of Board of Health Approval: _____ | |

D. Requirements to be attached to permit application:

1. Certified plot plan (signed by a registered surveyor or engineer) showing distance to property line, septic tank and leach field, dwelling, other wells, surface or subsurface drainage, distance from road)
2. Copy of Well Driller's Certification
3. Copy of Well Driller's Certificate of Insurance
4. Appropriate Fee

E. Setback Distances from Proposed Well

Section E only applies to new well construction applications

Enter the shortest distance between proposed well location and the features described below. Enter "NA" if distance is greater than 200 feet

Existing and proposed building structures: _____(feet)

Utility right-of-way: _____(feet)

Subsurface soil absorption system (Title 5 sanitary wastewater leaching field): [Note that Title 5 regulations require a minimum setback of 100 feet] Title 5 septic tank, holding tank, pump chamber, treatment unit, or grease trap: [Note that Title 5 regulations require a minimum setback of 50 feet] _____(feet)

Sanitary wastewater pipeline: _____(feet)

Subsurface fuel storage tank: _____(feet)

Public and private roads: _____(feet)

Property line: _____(feet)

Underground fuel storage tanks _____(feet)

Distance from surface water or wetlands _____(feet)

List other potential source of pollution, if applicable:

Distance: _____(feet)

F. Upon completion of well, submit to Board of Health:

- 1. Quality Compliance Report
- 2. Well Completion Report
- 3. Laboratory Water Testing Results

G. Upon completion of irrigation well, submit to the Board of Health:

- 1. Coliform (aerobic plate count) report and nitrate and nitrite concentration levels**

All drinking water wells need to be tested according to the standards of the Office of Research and Standards Guidelines and Massachusetts Department for Public Water Systems, including primary and secondary standards and PFAS (6).

I, the undersigned, swear that the above information is true. I have received and read the Town of Hopedale’s Well Regulations. In addition, I accept responsibility for the well to be installed in compliance with all local and state regulations.

Signature: _____ Date: _____