



TOWN OF HOLDEN

Board of Health

1196 Main Street, Holden, MA 01520
Phone 508-829-0254 Fax 508-829-0252

Proposed Use:
Domestic _____
Irrigation _____

NOTE:
PLEASE SUBMIT ONE SET OF
PLANS INDICATING LOCATION OF
WELL WITH APPLICATION.

Fee: \$ 75.00 (due with application)
Expires 90 Days from Date of Issue

APPLICATION FOR INSTALLATION OF PRIVATE OR SEMI-PUBLIC WATER SUPPLY

Application Date: _____

Permission is granted to _____
(Name of Contractor)

_____, _____, _____
Street Address City/Town State Telephone #

to construct a drilled, gravel-packed or driven well on the property owned by:
(circle one)

_____, and located at _____
Land Owner's Name Number and Street

in accordance with the regulations of the Holden Board of Health and as located on the plan on file with the Board of Health.

A copy of the State required report of the results of the new well must also be filed with the Board of Health.

This permit remains in effect for a period of 90 days from the date of issue, unless extended by the local Board of Health or its Agent. This permit must be placed in a conspicuous location on the premises during construction.

Well Drillers Signature

Signature of Health Agent

Well Drillers License No.

FOR OFFICE USE ONLY

Issued: _____

Expires: _____

INSPECTION REPORT:

Date: _____

Inspector: _____

Approved: () Disapproved: ()

Town of Holden

Well Permit Review Checklist

Property Address: _____ M: _____ P: _____ Owner: _____

Well Driller: _____ LIC#: _____ Valid State Registration?: Yes No

Pre-Installation Requirements:

- Permit application and fee paid YES NO
- Appropriate scale on plan YES NO
- Potential sources of contamination within 200 foot radius of the well location:
 - Existing/proposed structures YES NO
 - Subsurface sewage disposal system YES NO
 - Subsurface USTs YES NO
 - Public ways YES NO
 - Utility rights-of-way YES NO
 - Other YES NO

- Well located upgradient of potential sources? YES NO NA
- Well is accessible for repair, maintenance, testing, and inspection? YES NO NA
- Well located at least 10 feet from any property line? YES NO NA
- Five (5) foot clearance above well from any adjacent structure? YES NO NA
- Well located 25 feet from public roadway or 15 feet from road right-of-way (whichever is greater)? YES NO NA
- Well located a minimum of 25 feet laterally from the normal high water mark of any surface water body or ditch? YES NO NA
- Suction line/well located 10 feet from building sewer (noncorrosive/watertight)? YES NO NA
- Suction line/well located 50 feet from building sewer (other piping)? YES NO NA
- Suction line/well located 50 feet from septic tank? YES NO NA
- Suction line/well located 100 feet from leach field? YES NO NA
- Suction line/well located 100 feet from privy? YES NO NA
- Property surveyed by a certified surveyor and flagged? YES NO NA

Comments:

Post-Installation Requirements:

- Pump Test Report received? YES (date: ___/___/___) NO
- Water Quality Test received? YES (date: ___/___/___) NO
- Well Completion Report received? YES (date: ___/___/___) NO
- Recorded Notification received? YES (date: ___/___/___) NO
(if primary treatment needed)