



# OFFICE OF THE BOARD OF HEALTH

## TOWN OF LEICESTER

3 WASHBURN SQUARE • LEICESTER, MASSACHUSETTS 01524-1333  
TELEPHONE: (508) 892-7008 • FAX: (508) 892-1163

### WELL CONSTRUCTION APPLICATION

**Fees:** ☐ Domestic Well - \$100.00 ☐ Monitoring Well - \$100.00

☐ Geothermal Well- \$100.00 ☐ Irrigation Well -\$100.00

PERMIT #: \_\_\_\_\_

Property Owners Name:

Owners Address:

Address of Well (if different from above):

Assessor's Map:

Parcel #:

Assessors Lot Number:

Well Drillers Name:

Company Name:

Address:

License #:

Phone Number:

Email:

Check One:

☐ Sewer ☐ Septic ☐ Cesspool

Type of Well: ☐ Irrigation ☐ Drinking ☐ Monitoring ☐ Geothermal ☐ Other

*If other explain type:*

Type of Property: ☐ Residential ☐ Commercial ☐ Industrial ☐ Agricultural ☐ Other

Well material (e.g. PVC, steel, etc.):

Estimated diameter and depth of well:

Strata in which bottom of well will be set (e.g. overburden soil, bedrock, etc.):

Proposed date of well installation:

## Lot Description

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### Building

*Include all structures on the lot, include the location of any present or past land use that may be a source of contamination within 200 feet of the proposed well location including but not limited to: existing and proposed structures, wetlands, subsurface sewage disposal systems, subsurface fuel storage tanks, public ways, utility rights-of-way, or any other potential source of contamination. Also include distances to wetlands (within 100 feet).*

*Agreement: The above signed Applicant agrees to install the afore described Well in accordance with the provisions of: 1) Leicester Board of Health "Well Regulations" promulgated under MGL Chapter 111, Section 31; 2) Code of Massachusetts Regulations 313 CMR 3.00; and, 3) Massachusetts Department of Environmental Protection Private Well Guidelines (2001; et seq.). The Applicant shall comply with all other applicable local, state and federal laws, statutes and regulations. It is the responsibility of the Applicant to consult with the assigned water district, Conservation Commission and Building Department to determine if any other bylaws or regulations mandate additional requirements or conditions. The above signed further agrees not to place a Water Well in operation until a Certificate of Compliance has been issued by the Board of Health.*

\_\_\_\_\_  
*Signature of Applicant*

\_\_\_\_\_  
*Date*

*Permit will not be issued unless certification clause is signed by applicant.*

BOH Approval: \_\_\_\_\_ Date: \_\_\_\_\_