



# Billerica Board of Health

Town Hall  
365 Boston Road  
Billerica, MA 01821  
Phone: 978-671-0931 Fax 978-671-0919  
Web Site [www.town.billerica.ma.us](http://www.town.billerica.ma.us)

## APPLICATION FOR A WELL CONSTRUCTION PERMIT

Pursuant to Billerica Board of Health Regulations Chapter 5, Section 5.2.006

Please Print

FEE \$ 100.00

ADDRESS OF PROPERTY \_\_\_\_\_

ASSESSOR'S MAP \_\_\_\_\_ PARCEL NUMBER \_\_\_\_\_

OWNER OF PROPERTY \_\_\_\_\_ PHONE # \_\_\_\_\_

OWNER'S MAILING ADDRESS \_\_\_\_\_

A Massachusetts licensed well driller must file this application for the owner. Any permit issued by the Billerica Board of Health will be mailed to the well driller, and a copy will be mailed to the homeowner upon request.

WELL DRILLER'S NAME \_\_\_\_\_ STATE LICENSE # \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ PHONE # \_\_\_\_\_

### TYPE OF PROPERTY

### TYPE OF WELL

Residential  Commercial

Irrigation Well  Private Water Supply

Industrial  Other\*

Public Water Supply  Monitoring Well  Other \*

\* describe Other Type of Property

\* describe Other Type of Well

### REQUIREMENTS:

1. Provide a plan with house building location, proposed well location, and septic system location.
2. Provide locations of all septic systems located within 200 feet of the proposed well location.
3. Provide location of horse barns within 100 feet of the proposed well location.
4. Submit copy of well driller's license.
5. Submit fee required.
6. A well report and laboratory analysis must be submitted to the Board of Health prior to use of the well, if required.

Pursuant to Billerica Health Regulations, Chapter 1, Section 1.9.001 this application is subject to a thirty (30) day review and approval period.

I, the undersigned, hereby apply to the Billerica Board of Health for a Permit to Construct a Private Well in accordance with Board of Health Rules and Regulations, Chapter 5, Section 5.2.006

\_\_\_\_\_  
Print Name of Applicant

\_\_\_\_\_  
Signature of Applicant                      Date

\_\_\_\_\_  
Social Security # / Federal Identification #

