



TOWN OF MILLIS

BOARD OF HEALTH

900 Main Street • Millis, MA 02054

Phone: 508-376-7042

APPLICATION FOR PERMIT TO CONSTRUCT A WELL

☐

New

☐

Repair

\$130.00

☐

Drinking

\$324.00

☐

Irrigation

\$324.00

I hereby petition the Board of Health of Millis, Mass. for a permit to construct a well.

Location of Lot: Lot # _____ Street # _____ Street _____

Name of Owner _____

Address of Owner _____ Tel. No. _____

WELL CONTRACTOR _____

Address _____ DEP Registration # _____

Telephone No. _____ Email _____

A plot plan shall be submitted with this application as required by the Millis Board of Health in the "Water Supply Regulations".

The undersigned acknowledges that s/he must, before commencing construction or use of the system which is the subject matter of this application, secure any and all other permits which may be required by the Laws of the Town of Millis and the Commonwealth of Massachusetts, and agrees to abide by all rules and regulations of the Town of Millis, Commonwealth of Massachusetts. The undersigned also agrees, as provided in regulation 1.3.1 "No foundation or building permit shall be issued until the well is installed, completed and has been demonstrated to supply water of the quality and quantity specified herein. No occupancy of the building the well is to serve shall be permitted until an acceptable tested water sample has been obtained from a tap in the building." Final approval must be obtained from the Millis Board of Health.

Hereinafter, all proposed systems of private water supply, whether for independent dwellings or for subdivisions, shall be submitted to the Board of Health or its agent, for its advice and approval, and no such system shall be established without such approval.

Owner shall be responsible for all tests (quality and quantity of water) and fees.

In no event shall a source of water supply be located less than 100 feet from any sewage disposal system or 25 feet from a property line.

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Millis Board of Health

PERMIT TO CONSTRUCT A WELL

This is to certify that _____
is hereby granted permission to install a well on the premises at _____
in accordance with the above application, and in strict conformance with the requirements of the rules and regulations of the Board of Health and the Commonwealth of Massachusetts relating thereto.

FINAL APPROVAL GRANTED:

Approval recommended by: _____ Date: _____

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The following information must be supplied to the Board of Health for its review before any approval can be given for use of the well:

WELL AND PUMP TEST DATA (must be signed by Well Contractor and by the company performing the pump test):

The well should be pumped for a period of four (4) hours at a fairly constant drawdown water level. Record the following:

LOCATION: _____ DATE OF TEST: _____

WELL DEPTH: _____ Feet WELL DIAMETER: _____ Inches

DEPTH OF LEDGE BELOW SURFACE GRADE: _____ Feet

DEPTH OF CASING: _____ Feet TYPE OF SEAL: _____

DEPTH OF WATER LEVEL BELOW GROUND SURFACE

BEFORE ANY PUMPING: _____ Feet

BEFORE TEST: _____ Feet

AT END OF TEST (4 hours): _____ Feet

PUMPING RATE (SHOULD BE CONSTANT THROUGHOUT TEST):

STARTED PUMPING AT _____ AT RATE OF _____ GPM

STOPPED PUMPING AT _____ AT RATE OF _____ GPM

DURING PUMP TEST: DEPTH OF PUMP _____ Feet SIZE OF PUMP _____ HP

DEPTH OF PUMP TO BE INSTALLED FOR HOUSE _____ Feet

SIZE OF PUMP TO BE INSTALLED FOR HOUSE _____ HP

RECHARGE LEVEL AFTER 24HR _____ (95% ORIGINAL STATIC LEVEL)

NAME OF WELL DRILLING COMPANY _____

(Must be registered with Commonwealth of Massachusetts)

Authorized Signature _____

NAME OF COMPANY PERFORMING PUMP TEST _____

Authorized Signature _____

TOWN OF MILLIS

THE FOLLOWING BACTERIOLOGICAL AND CHEMICAL ANALYSES MUST BE PERFORMED:

Note: Two (2) samples to be taken:

The first sample is to be taken at the well head and the second sample is to be taken from a tap in the building.

Total Coliform Bacteria	Total Iron
Total Bacteria (Standard Plate Count) *	Manganese
Ammonia Nitrogen	Color
Nitrite Nitrogen	Turbidity
Nitrate Nitrogen	Odor
Chloride	pH
Sodium	Total Alkalinity
Lead	Total Hardness
Arsenic	Volatile Organics (EPA 524 testing method)

***YOU MUST INCLUDE THE STANDARD PLATE COUNT (I.E. HETEROTROPHIC PLATE COUNT) AS PART OF THE TESTING.**

Other parameters may be required on a case by case basis if deemed to be necessary in the opinion of the Board of Health.

MILLIS BOARD OF HEALTH CERTIFICATE OF COMPLIANCE

This is to certify that the private water will installed by _____
At _____ has been drilled in accordance with the Millis
Board of Health rules and regulations and a water analysis submitted showing compliance with
Massachusetts Drinking Water Regulations. This issuance of this certificate is NOT to be construed as a
guarantee that the system will function satisfactorily.*

Date: _____

Licensed Well Driller

Millis Board of Health Director