



**Town of Mendon
Board of Health
18 Main Street**

Mendon, Massachusetts 01756

Telephone: (508) 634-2656 Fax: (508) 478-8241

Email address boh@mendonma.gov

Well Procedures:

1. Fill out **"Well Permit Application"**: Fee - **\$100.00** (Make check out to the Town of Mendon.)
2. Submit an engineered plan showing the proposed location of new well and the distance to the following
 - A) Property line
 - B) Septic tank and leach field
 - C) Dwelling
 - D) Other wells

3. Give the **Second Page** of the **Quantity Compliance Report** to your **well driller** and they will fill this form out.
4. After well is drilled, the **well driller** will **return** to the **Board of Health** the complete package of:

**Quantity Compliance Report
Well Completion Report
Laboratory Results**

5. The Chairman of the Board of Health will sign the **Quantity Compliance Report**, which should be taken to the Building Department for and issuance of a **Building Permit**.
6. If there was a problem with the water quality, then the problem must be corrected and re-test performed, **otherwise you will not be able to get and Occupancy Permit for the Building Department.**

(Please note that it is YOUR RESPONSIBILITY to contact the Board of Health at 508-634-2656 to find out if your water results have passed.)

7. If you need to re-test, the Chairman will examine the results of the re-test and if no problem exists, a **Private Well Certificate** will be issued which should be brought to the **Building Department** for an **Occupancy Permit**.



TOWN OF MENDON

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Well Permit Application

Permit No. _____ Date: _____ Fee \$ _____
CASH/CHECK # _____
Construction _____ Repair _____ Irrigation _____ Abandon/Destruction _____

Name of Property owner: _____
Address of Property owner: _____
Phone Number of Property: _____
Map, Parcel, and Lot # of property: _____

Well Driller: _____ License # _____ (Attach copy of License)
Well Drilling Company: _____
Address of Company: _____ Phone: _____
Well Driller Email: _____

Pump Installer: _____
Address of Company: _____ Phone: _____
Pump Installer Email: _____

New Building: _____ Existing Building: _____
Residential: _____ Other: _____ If residential # of bedrooms _____
Design Engineer or Registered Sanitarian Name: _____
Company Name: _____ Address: _____
License or PE # _____ (See copy attached) Phone: _____

I have read the Mendon Board of Health Private Well Regulations, and agree to comply with all requirements of the document. I understand I must submit a water quality analysis that was performed by a Mass Certified Lab, well drillers report and disinfection documents within 30 days of the completion of my well. I understand **as the property owner** it is my responsibility to contact the Board of Health at 508-634-2656 or boh@mendonma.gov to find out if my water results have passed.

Well Driller Signature _____ Property Owner Signature _____
Date _____ Date _____

Well Construction/Destruction Permit

The Mendon Board of Health hereby approves construction/destruction of a private well located at _____
(location)
Date of Issue: _____ Expiration Date: _____
(One year from date of issue)
Restrictions/Extensions/Requirements _____

(Board of Health member signature) (Date)

Certificate of Construction/Deconstruction, Water Quality & Quantity Compliance Report

This is to certify that _____
(Well drilling Company)

license number _____, has sited and constructed _____

destroyed _____ a well for _____
(Applicant)

well permit number _____, on _____
(Date)

at the location identified on a signed plan drawn by _____

Construction standards have been met as set forth in 313 CMR 3.00 Massachusetts Division of Water Resources, Well Driller's Registration and the Town of Mendon Private Well Regulations, and includes the Department of Environmental Protection's Private Well Guidelines where they pertain to construction. Destruction Standards have been met as set forth in the Town of Mendon Private Well Regulations and includes the Department of Environmental Protection's Private Well Guidelines where they apply to destruction. Water Quality and Quantity standards have been met after pumping the well as outlined in this Regulation.

A copy of the well driller's log is attached. Well yield: _____

Well driller's name _____
(Print Please) (Signature) (Date)

Name of Testing Laboratory _____

State Certification Number _____

Date of testing _____

Attached copy of analytical results. Yes _____ No _____

If no copy of testing results please explain.

Board of Health Comments:

(Signed)

(Date)