



Town of Mendon

Board of Health

18 Main Street | Mendon, MA 01756

PH: (508) 634-2656 | Email: BOH@MendonMA.Gov

WELL PERMIT APPLICATION

Well Procedures:

1. Fill out “**Well Permit Application**” (Page 2)
2. Fee - **\$100.00** (Make check out to the Town of Mendon.)
3. 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
4. Give the **Quantity Compliance Report (Page 3)** 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 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 Board of Health 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**.



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FEE: \$100

WELL PERMIT APPLICATION

PERMIT #: WPA- _____

☐ CONSTRUCTION ☐ REPAIR ☐ IRRIGATION ☐ ABANDON/DESTRUCTION

PROPERTY OWNER INFORMATION:

Name

Address

Phone Number

Map, Parcel, and Lot # of Property

WELL DRILLER INFORMATION:

Company Name

Company Address

Name of Well Driller

License # of Well Driller – PLEASE ATTACH COPY

Phone Number

Email Address

PUMP INSTALLER INFORMATION:

Company Name

Company Address

Name of Pump Installer

Phone Number

Email Address

BUILDING INFORMATION:

☐ NEW ☐ EXISTING

☐ *Residential - # of Bedrooms: _____ ☐ Other: _____

Design Engineer or Registered Sanitarian Name

License or PE Number – PLEASE ATTACH COPY

Company Name

Company Mailing Address

Phone Number

Email Address

**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.*

PROPERTY OWNER'S SIGNATURE

DATE

WELL DRILLER'S SIGNATURE

DATE

MENDON BOARD OF HEALTH USE ONLY

The Mendon Board of Health hereby approves this permit for the above noted Map, Parcel, and Lot # of Property.

THIS PERMIT IS ISSUED ON _____ AND WILL EXPIRE 1 CALENDAR YEAR FROM ISSUE.

Restrictions/Extensions/Requirements: _____

Board of Health Signature: _____

Date: _____



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CERTIFICATE OF CONSTRUCTION/DECONSTRUCTION, WATER QUALITY AND QUANTITY COMPLIANCE REPORT

This is to Certify that _____
(Well Drilling Company) (License Number)
has sited and ☐ CONSTRUCTED | ☐ DESTROYED a private well for
_____ with Well Permit Number _____
(Property Owner) (Permit Number)
on _____ at the location identified on a signed plan drawn by
(Date)

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: _____
PLEASE PRINT SIGNATURE DATE

Name of Testing Laboratory: _____

State Certification Number: _____ Date of Testing: _____

Attached is a copy of the Analytical Test Results: ☐ YES ☐ NO (If No, Please Explain)

MENDON BOARD OF HEALTH USE ONLY

Comments: _____

Board of Health Signature: _____

Date: _____