TOWN OF BRIDGEWATER

Brian Penney, Chairman Ben Poinier, Member John Sharland, Member Board of Health



TEL: 508.697.0903 FAX: 508-697-0933

Ikeane@bridgewaterma.org

Highway Dept. Office Bldg. – 151 High Street Bridgewater, MA 02324

February 23, 2016

To: Residents Applying for Wells

Residents applying for a well permit should ask their well driller to provide a copy of his well driller's certification/license along with the application (if they have not worked in the Town of Bridgewater). A copy of the well certification can be faxed to the Board of Health office at 508-697-0933 or emailed to lkeane@bridgewaterma.org

All well applications must include two copies of a well location plan completed by a registered professional engineer. The plan must show the radius of the proposed area for the well.

When the well is completed if the well driller was not able to locate the well within this radius, an as-built plan shall be submitted to the Board of Health for review by the Health Agent. The as-built plan must include the longitude and latitude location of the well.

The application fee for an Irrigation Well is \$60.00

When your irrigation well is completed <u>please ask your well driller to provide a well log to the Board of Health office</u>. The Health Agent would review the well log and then issue a well registration number to you. *All wells must be registered in Bridgewater before they are used.*

The application fee for a Potable (Drinking Water) Well is \$100.00

Before a drinking water wells are completed residents must request that their well driller provide a well log, lab report and verification from the Wiring Inspector that the well has been inspected.

The Agent would review these items and a well registration number would be issued.

When your well is completed you must call us to have your well registered with the Board of Health. There is no fee for well registration. Our office maintains a database of all wells in the Town of Bridgewater. Please call the Board of Health if you have questions.

Sincerely,

Laurie Keane

Office Administrator

www.bridgewaterma.org

TOWN OF BRIDGEWATER

Board of Health

TEL: 508-697-0903 FAX: 508-697-0933 Ikeane@bridgewaterma.org Highway Office Bldg,151 High St. Bridgewater, MA 02324



Application for Private Water Supply (Well) & Registration

() Nev	w well	() Existing w	ell
In accordance with the Rules Health			
		() Potable well	\$100.00
at: Name of property owner:			
Property owner's cell phone i	number and emai	l address:	
Name of well driller and cont	act phone number	r:	
I understand that I must confo governing private water supp (Conservation Commission, V	lies and all other	applicable rules and	regulations
Well permit #	Permit Issue date	e: Fee:	Nagri alleyder comment de contract de produg y conquire comment
Application approved by: Name:	Date:		
Please attach a plan drawn to location of the well along wit the lot to be served with boun and reserve areas and existing	h a 25-foot radiu daries, any exist	s of the well location	. Include on this plan
Board of Health Office is in r Well location plan (Well log () Acceptable water anal Wiring inspection (ysis report ()		
Reviewed and approved by: _	Eric J. Badger,	Health Agent	manada aya da da aya aya aya aya aya aya ay
Well registration #:		Pate:	