

**APPLICATION FOR:
Drinking Water Well Permit, Irrigation Well Registration
and Closed Loop Geothermal Heating System Well Registration
Town Of Bedford, MA – Health Department**

Date: _____ **Address of Proposed Well:** _____

Property Owner Information

Name: _____

Mailing Address: _____

Well Driller Information

Name: _____

Address: _____

Phone Number: _____ MA Registration No.: _____

Applicant Information (Applicant is responsible for submitting well logs and analytical results, if applicable, to the Health Department.)

Name: _____ Signature: _____

Company: _____

Address: _____

Phone: _____ Fax: _____ Email: _____

Well Information

Well use: Private Drinking Water Irrigation Closed Loop Geothermal Heating System

Well material (e.g. PVC, steel, etc.): _____

Estimated diameter and depth of well: _____

Strata in which bottom of well will be set (e.g. overburden soil, bedrock, etc.): _____

Proposed date of well installation: _____

Applicant must check boxes below to indicate that the requirements have been met:

- Submitted a scaled site plan that indicates the proposed well location in relation to: lot lines, existing and proposed structures within 200 feet, subsurface sewage disposal systems and fuel storage tanks within 200 feet, public ways, utility rights-of-way, wetlands, potential sources of pollution and any other pertinent sanitary information.
- Permit fee (\$100.00 for an irrigation well or for a drinking water well or wells associated with a closed-loop geothermal heating system) has been submitted with the permit application. Check is payable to the Town of Bedford.
- The Conservation Commission Administrator's signoff that there are no wetland issues in the area of proposed drilling. Contact the Conservation Commission Administrator at 781-275-6211.

Con Com Signature: _____ Date: _____
(Please indicate any comments on reverse)

- Bedford DPW (781-275-7605) and DigSafe have been contacted to premark utilities in area of proposed drilling.

Dig Safe Permit Number: _____

Agreement: The above signed Applicant agrees to install the afore described Private Well in accordance with the provisions of: 1) Bedford Board of Health "Private Well Regulations" promulgated under MGL Chapter 111, Section 31; 2) Code of Massachusetts Regulations 313 CMR 3.00; and, 3) Massachusetts Department of Environmental Protection Private Well Guidelines (2001; et seq.). The Applicant shall comply with all other applicable local, state and federal laws, statutes and regulations. It is the responsibility of the Applicant to consult with the Bedford Department of Public Works, Conservation Commission and Building Department to determine if any other bylaws or regulations mandate additional requirements or conditions. The above signed further agrees not to place a Private Drinking Water Well in operation until a Certificate of Compliance has been issued by the Health Department.

**Please return completed application and applicable fee to: Bedford Health Department
12 Mudge Way
Bedford, MA 01730
(781) 275-6507**