

**OXFORD BOARD OF HEALTH**  
**325 MAIN STREET**  
**OXFORD, MASSACHUSETTS 01540**  
**(508) 987-6045 – Fax: (508) 987-3934**

APPLICATION FOR WELL CONSTRUCTION PERMIT  
FEE: \$50.00

1. APPLICANT NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_
2. PROPERTY OWNER \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_
3. LOCATION OF WELL  
STREET NUMBER AND NAME \_\_\_\_\_
4. TYPE OF WELL      ( ) DRILLED      ( ) DUG
5. PURPOSE OF WELL    ( ) DRINKING WATER (DOMESTIC)  
                                  ( ) LAWN/GARDEN WATERING  
                                  ( ) INDUSTRIAL  
                                  ( ) OTHER \_\_\_\_\_
6. WELL CONTRACTOR:  
INSTALLER  
NAME \_\_\_\_\_  
COMPANY NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_ TELEPHONE \_\_\_\_\_

7. Attach a sketch or plan signed and stamped by a Massachusetts Registered "Professional Engineer" or Registered Sanitarian. The plan shall have a scale no smaller than one inch per forty feet. The plan shall have a description and location of visible prior and current land uses within two hundred feet of the proposed well location, which represent a potential source of contamination, including but not limited to the following:

- (a) existing and proposed structures, above and below ground
- (b) subsurface sewage disposal systems
- (c) subsurface fuel storage tanks
- (d) public ways
- (e) utility right-of-way
- (f) any other potential sources of pollution

I hereby agree to comply with all rules and regulations of the Town of Oxford and the Commonwealth of Massachusetts regarding the installation of wells.

SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

Each permit shall expire one year from the date of issuance unless revoked for cause. Permits may be extended for on addition six-month period provided that a written request is received by the Board prior to the one-year expiration date. A ten-dollar fee shall be charged for a permit extension, provided there is no change in the plans for the proposed.

## **VIII WATER QUALITY TESTING REQUIREMENTS**

After the well has been completed and disinfected, and prior to using it as a drinking water supply, a water quality test shall be conducted.

A water sample shall be collected either after purging three well volumes or following the stabilization of PH, temperature and specific conductance in the pumped well. The water sample to be tested shall be collected at the pump discharge or from a disinfected tap in the pump discharge line. The water samples shall be collected by an employee of the certified water quality testing laboratory performing the analysis.

The water quality test, utilizing EPA approved methods for drinking water testing and not methods for analyzing wastewater, shall be conducted by a Massachusetts certified laboratory and shall include analysis for the following parameters:

<b><u>A. PARAMETER</u></b>	<b><u>MAXIMUM CONTAMINATION LIMIT (M.C.L.)</u></b>
Coliform Bacteria	0/100 ml – Present or Absent
Arsenic	0.01 mg/liter - Health Related
Lead	0.05 mg/liter- Health Related
Nitrate	10.0 mg/liter - Health Related
Nitrite	1.0 mg/liter - Health Related
Turbidity	No Limit
Chloride	250.0 mg/liter - Secondary Standard - Aesthetic
Color	15 color units - Secondary Standard - Aesthetic
Copper	1.30 mg/liter - Action Level - Aesthetic
Hardness	No Limit
Iron	0.30 mg/liter - Secondary Standard - Aesthetic
Manganese	0.05 mg/liter - Secondary Standard - Aesthetic
Odor	3 Threshold Odor Number - Aesthetic
pH	6.5 to 8.5 -Aesthetic
Sodium	250.0 mg/L-20 mg/liter – Mass DEP Guideline
Radon in Water	10,000 pCi/l – Mass DEP Proposed Guideline
VOC Screening	EPA Method 524.2

Following a receipt of the water quality test results, the applicant shall submit a Water Quality Report to the Board of Health, which includes:

- (1) a copy of the certified laboratory's test results
- (2) the name of the individual who performed the sampling
- (3) where in the system the water sample was obtained

The Board reserves the right to require retesting of the above parameters, or testing for additional parameters when, in the opinion of the Board, it is necessary due to local conditions or for the protection of the public health, safety and welfare. All costs and laboratory arrangements for the water testing are the responsibility of the applicant.

**VI. WELL LOCATION AND USE REQUIREMENTS**

In locating a well, the applicant shall identify all potential sources of contamination, which exist or are proposed within two hundred feet of the site. When possible, the well shall be located upgradient of all potential sources of contamination and shall be as far removed from potential sources of contamination as possible, given the layout of the premises.

Each private well shall be accessible for repair, maintenance, testing and inspection. The well shall be completed in a water bearing formation that will produce the required quantity of water under normal operating conditions.

The following shall be the minimum separation distances allowed in the construction of a well:

<b>COMPONENT</b>	<b>DISTANCE (in feet)</b>
<b>Septic System</b>	
Leaching area	100
Septic tank	50
Cesspool	100
Sewer Line	50
Driveway	15
Street	25
Buildings	20
Property line	10
Easement or Right-of-way	10
<b>Pond or Watercourse</b>	
Drilled Well	25
Dug Well	100

Water supply lines shall be installed at least ten feet from and eighteen inches above any sewer line. Whenever the water supply lines must cross sewer lines, both pipes shall be constructed of Class 150 Pressure Pipe and shall be pressure tested to assure water tightness.

The Board reserves the right to impose minimum lateral distance requirements from other potential sources of contamination not listed above. All such special well location requirements shall be listed, in writing, as a condition of the Well Construction Permit.

No private well, or its associated distribution system, shall be connected to either the distribution system of a public water supply system or any type of waste distribution system.