



TOWN OF MILFORD  
**BOARD OF HEALTH**  
Milford Town Hall 52 Main Street, Milford MA  
01757  
Phone (508) 634-2315 Fax (508) 473-1380

**APPLICATION FOR INSTALLATION OF WELL FOR IRRIGATION**

**Annual Permit Fee \$15 for Irrigation Well**

**\$30 for Drinking Well**

**(Payable to the Town of Milford) APPLICATION FEES ARE NON-REFUNDABLE**

Application is hereby made for a permit to Construct \_\_\_\_ or Repair \_\_\_\_  
a well water system at:

\_\_\_\_\_  
Location – Address or Lot #

\_\_\_\_\_  
OWNER ADDRESS

\_\_\_\_\_  
INSTALLER ADDRESS

\_\_\_\_\_  
TYPE OF BUILDING SIZE OF LOT

TYPE OF WELL TO BE INSTALLED \_\_\_\_\_

DESCRIPTION OF SOIL \_\_\_\_\_

NATURE OF REPAIRS OR ALTERATIONS \_\_\_\_\_

AGREEMENT: The undersigned agrees to install an irrigation well system in accordance with the provisions of the Board of Health. The undersigned further agrees that this well is not for drinking purposes.

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

APPLICATION DISAPPROVED FOR THE FOLLOWING REASONS: \_\_\_\_\_

\_\_\_\_\_

## **REGULATIONS FOR IRRIGATION WELLS**

- Irrigation shall not be permitted at residences unless another source of potable water serving the residence is proposed or exists.
- All irrigation wells shall be constructed or abandoned by well drillers who are licensed for such purposes by the Massachusetts Department of Environmental Protection.
- Irrigation wells must be at least 10 feet from a septic tank and 25 feet from a soil absorption system.

## WELL WATER CERTIFICATE REQUIREMENTS

The issuance of a Well Water Certificate by the Milford Board of Health certifies that a private well may be used as a drinking water supply. A Well Water Certificate must be issued for the use of a private well prior to the issuance of an occupancy permit for an existing structure or prior to the issuance of a building permit for new construction which is to be served by the well.

The following must be submitted to the Milford Board of Health in order to obtain a Well Water certificate:

- 1) Application to construct a well must be completed and submitted to the Milford Board of Health for approval.
- 2) Upon approval of application a well construction permit will be issued.
- 3) A copy of the Water Well Completion Report as required by the Division of Water Resources.
- 4) A copy of the Pumping Test Report (see below for details)
- 5) A copy of the Water Quality Report (see below for details)
- 6) All distance requirements and setbacks must be met (see below for details)

**PUMP TEST DATA:** The well must be pumped for a period of four (4) hours at a fairly drawdown water level. The results of this test must be greater than or equal to five (5) gallons per minute for four (4) hours.

**WATER QUALITY DATA:** The following Bacteriological and Chemical Analysis must be performed. The sample must be taken at tap in the building.

Total Coliform Bacteria	Total Iron	Nitrite Nitrogen	Turbid
Total Bacteria	Manganese	Nitrate Nitrogen	Odor
Ammonia Nitrogen	Color	Chloride	pH
Sodium	Total Alkalinity	Total Hardness	

ABS	Taste
Arsenic	
Lead	

VOC'S-EPA 524 or equivalent	Radon	Gross Alpha Screen
-----------------------------	-------	--------------------

**Other parameters may be required on a case basis if deemed necessary in the opinion of the Milford Board of Health.**

Septic Systems	(Leaching Field)	100 feet
	(Septic Tank)	75 feet
	(Cesspool)	100 feet
Sewer Lines		50 feet
Driveways		15 feet
Street or Highway		25 feet
Buildings		20 feet
Property Lines		15 feet