



Town of Hubbardston
Board of Health
7 Main Street – Unit #2
Hubbardston, Massachusetts 01452
Telephone (978) 928-1400 Ext. 212
FAX (978) 928-4806

WELL PERMIT

Permission is granted to: _____

Address: _____

To construct a Water Well located at (number and street): _____

in accordance with all local, state and federal guidelines in effect on this date.

Driller's Name: _____

Driller's Address: _____

Massachusetts Registration Number: _____

License Expiration date: _____

A well quantity, draw report must be completed and registered in the Board of Health office. A well quality report with parameters including but not limited to the detection of bacteria, volatile organic compounds, nitrate and nitrites and as required by a TITLE V water quality test, in addition to detection of arsenic and lead should be submitted to the Board of Health office on completion. Additional testing may be requested in specific circumstances as required by the Board. Any deficiencies in water quality may require the installation of water purification and/or treatment units before operation of a potable water supply.

Approval: _____ Date: _____
Chairman, Hubbardston Board of Health