



Town of Sudbury

Board of Health

DPW Office Building
275 Old Lancaster Road
Sudbury, MA 01776
978 440-5479

Calendar Year 2020

TO: Sudbury Well Drillers

RE: 2020 Well Installation Permit

In order to obtain a well permit (potable or irrigation) all applicants are required by the Sudbury Board of Health to submit the following forms, application and payment;

- Sudbury Well Permit Application
- Application Fee - Potable = \$200.00 / Irrigation = \$100.00
- Worker's Compensation Insurance Affidavit (enclosed)
- Copy of your Workers Compensation Insurance Declaration page.
- Drilling License with valid expiration date.
- Trench Permit Application and Submission of Fee (\$50.00).
- Submission of all required documents itemized in Board of Health Well Policy Voted April 7, 2020 (see attached). For requesting records please use this link: <https://sudbury.ma.us/publicrecords/>
- Once **Irrigation** wells have been installed the water department must be informed for final inspection. 978-443-6602.

Well drillers must submit an application for each Sudbury dwelling that is installing a well. Permits expire December 31, 2020, or at completion of permitted project.

If you have any questions or concerns, please do not hesitate to contact us at 978-440-5479.

Board of Health Director

Bill Murphy

Bill Murphy
Sudbury Board of Health
health@sudbury.ma.us
Monday-Friday
8:00am-3:00pm
978-440-5479



Town of Sudbury

275 Old Lancaster Rd
Sudbury, Massachusetts 01776

Phone (978) 440-5478

FAX (978) 440-5404

License Number _____

Date Issued _____

Expiration Date _____

Permit issued by: Sudbury Health Department

WELL INSTALLATION APPLICATION

MGL Chapter 21G, Sections 14 and 20, are contained in 310 CMR 46.00, "Certification of Well Drillers and Filing of Well Completion Reports." These regulations, among other things, (1) provide the criteria necessary for the certification of well diggers and drillers in the Commonwealth of Massachusetts, (2) establish the information that must be furnished as a prerequisite for certification (3) establish the information that must be submitted to the department upon the completion of any well, and (4) set forth penalties, including revocation of certification if a driller is found to be in noncompliance with the well driller regulations.

THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION

Name of Licensed Well Driller			Phone #	
Street Address			Cell #	
City/Town	MA	ZIP	Email:	
Other Contact			DIG Safe#	
Phone #				
Insurance Certificate #:			Policy Expiration Date:	
Name and Contact Information of Insurer:				
Massachusetts Well Drilling # License Grade:			Expiration Date:	

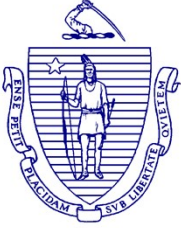
ADDRESS OF PROPOSED WELL SITE _____

OWNER OF PROPERTY _____

WELL TYPE (CIRCLE ONE) POTABLE FEE = \$200.00 IRRIGATION FEE = \$100.00 Payment must be made in full, by check, to the Town of Sudbury and delivered with application to the Health Department, located at the address above. With the signature below, I acknowledge that I am a Certified Well Driller and all installation and testing will be done in accordance within the laws above And Sudbury Well Regulations and Bylaws. A new application must be filled out for each dwelling. Permits expire at the end of each calendar year.

Applicant Signature _____

Date _____



The Commonwealth of Massachusetts

Department of Industrial Accidents

1 Congress Street, Suite 100

Boston, MA 02114-2017 www.mass.gov/dia

Workers' Compensation Insurance Affidavit: General Businesses.

TO BE FILED WITH THE PERMITTING AUTHORITY.

Applicant Information

Please Print Legibly

Business/Organization Name: _____

Address: _____

City/State/Zip: _____ Phone #: _____

Are you an employer? Check the appropriate box:

- 1.I am a employer with _____ employees (full and/ or part-time).*
2.I am a sole proprietor or partnership and have no employees working for me in any capacity. [No workers' comp. insurance required]
3.We are a corporation and its officers have exercised their right of exemption per c. 152, §1(4), and we have no employees. [No workers' comp. insurance required]**
4.We are a non-profit organization, staffed by volunteers, with no employees. [No workers' comp. insurance req.]

Business Type (required):

- 5.Retail
6.Restaurant/Bar/Eating Establishment
7.Office and/or Sales (incl. real estate, auto, etc.)
8.Non-profit
9.Entertainment
10.Manufacturing
11. Health Care
12.Other _____

*Any applicant that checks box #1 must also fill out the section below showing their workers' compensation policy information.

**If the corporate officers have exempted themselves, but the corporation has other employees, a workers' compensation policy is required and such an organization should check box #1.

I am an employer that is providing workers' compensation insurance for my employees. Below is the policy information.

Insurance Company Name: _____

Insurer's Address: _____

City/State/Zip: _____

Policy # or Self-ins. Lic. #Expiration Date: _____

Attach a copy of the workers' compensation policy declaration page (showing the policy number and expiration date).

Failure to secure coverage as required under Section 25A of MGL c. 152 can lead to the imposition of criminal penalties of a fine up to \$1,500.00 and/or one-year imprisonment, as well as civil penalties in the form of a STOP WORK ORDER and a fine of up to \$250.00 a day against the violator. Be advised that a copy of this statement may be forwarded to the Office of Investigations of the DIA for insurance coverage verification.

I do hereby certify, under the pains and penalties of perjury that the information provided above is true and correct.

Signature: _____ Date: _____

Phone # _____

Official use only. Do not write in this area, to be completed by city or town official.

City or Town: _____ Permit/License # _____

Issuing Authority (circle one):

- 1. Board of Health 2. Building Department 3. City/Town Clerk 4. Licensing Board 5. Selectmen's Office
6. Other _____

Contact Person: _____ Phone #: _____

Information and Instructions

Massachusetts General Laws chapter 152 requires all employers to provide workers' compensation for their employees. Pursuant to this statute, an **employee** is defined as "...every person in the service of another under any contract of hire, express or implied, oral or written."

An **employer** is defined as "an individual, partnership, association, corporation or other legal entity, or any two or more of the foregoing engaged in a joint enterprise, and including the legal representatives of a deceased employer, or the receiver or trustee of an individual, partnership, association or other legal entity, employing employees. However, the owner of a dwelling house having not more than three apartments and who resides therein, or the occupant of the dwelling house of another who employs persons to do maintenance, construction or repair work on such dwelling house or on the grounds or building appurtenant thereto shall not because of such employment be deemed to be an employer."

MGL chapter 152, §25C(6) also states that "**every state or local licensing agency shall withhold the issuance or renewal of a license or permit to operate a business or to construct buildings in the commonwealth for any applicant who has not produced acceptable evidence of compliance with the insurance coverage required.**" Additionally, MGL chapter 152, §25C(7) states "Neither the commonwealth nor any of its political subdivisions shall enter into any contract for the performance of public work until acceptable evidence of compliance with the insurance requirements of this chapter have been presented to the contracting authority."

Applicants

Please fill out the workers' compensation affidavit completely, by checking the boxes that apply to your situation and, if necessary, supply your insurance company's name, address and phone number along with a certificate of insurance. Limited Liability Companies (LLC) or Limited Liability Partnerships (LLP) with no employees other than the members or partners, are not required to carry workers' compensation insurance. If an LLC or LLP does have employees, a policy is required. Be advised that this affidavit may be submitted to the Department of Industrial Accidents for confirmation of insurance coverage. **Also be sure to sign and date the affidavit.** The affidavit should be returned to the city or town that the application for the permit or license is being requested, **not** the Department of Industrial Accidents. Should you have any questions regarding the law or if you are required to obtain a workers' compensation policy, please call the Department at the number listed below. Self-insured companies should enter their self-insurance license number on the appropriate line.

City or Town Officials

Please be sure that the affidavit is complete and printed legibly. The Department has provided a space at the bottom of the affidavit for you to fill out in the event the Office of Investigations has to contact you regarding the applicant. Please be sure to fill in the permit/license number which will be used as a reference number. In addition, an applicant that must submit multiple permit/license applications in any given year, need only submit one affidavit indicating current policy information (if necessary). A copy of the affidavit that has been officially stamped or marked by the city or town may be provided to the applicant as proof that a valid affidavit is on file for future permits or licenses. A new affidavit must be filled out each year. Where a home owner or citizen is obtaining a license or permit not related to any business or commercial venture (i.e. a dog license or permit to burn leaves etc.) said person is NOT required to complete this affidavit.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents

1 Congress Street

Boston, MA 02114-2017

Tel. # 617-727-4900 ext. 7406 or 1-877-MASSAFE

Fax # 617-727-7749

www.mass.gov/dia



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275 Old Lancaster Road
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978-440-5479
Health@sudbury.ma.us

April 27, 2020

At their meeting on April 7th, 2020 the Board of Health voted to implement the following policy:
Requirement for Plot Plans for Irrigations Wells

Since 2000, inground irrigation systems require the installation of drilled wells per Town By-Law. Applicants, including well drillers, owners, and irrigation companies have relied on health department staff to research and locate plot plans, septic as-built drawings, and GIS maps to assist with permitting. We have accepted sketches, existing septic plans, plot plans for pools or landscapes, or historic plot plans to locate proposed wells. This no longer will be allowed due to the complexities of land development including but not limited to new subsurface stormwater requirements, size and location of septic systems (on applicant's property and all abutting properties), wetland resource areas, utilities, and geological formations.

The health department will now be requiring the following prior to issuing a permit to drill an irrigation well:

1. A plot plan submitted by a Registered Land Surveyor, Professional Engineer, or Registered Sanitarian and stamped with a professional seal;
2. The plans must include the following;
 - a. Location of the proposed well;
 - b. Location of septic systems within 150' of the well;
 - c. Subsurface stormwater structures;
 - d. Lot boundaries;
 - e. Wetland resource areas with 200 feet of the well;
 - f. The house and all building structures;
 - g. General topography;
 - h. Utilities including but not limited to existing water, gas, electrical (overhead and underground), cable, fiber-optics, dog fences, geo-thermal components, etc.
 - i. Drawn to 20-scale or 40-scale;
 - j. Certification statement that the proposed well is in conformance with all applicable regulations.

Applicants must schedule an appointment with our office to conduct research. Walk-ins cannot be accommodated due to the attention and demands for information on multiple properties. The health department staff will review the application and decide on the status within 30 days from submission.