



# Town of Sudbury

## Board of Health

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

Calendar Year 2022

TO: Sudbury Well Drillers

RE: 2022 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;

**It is important to note that irrigation heads needs to be 100' from all wetlands, per Conservation Department!**

- 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.
- Engineered Plan must include water and gas lines, Digsafe number erosion control around well, wetlands and abutters septic locations
- Submission of all required documents must be forwarded to Board of Health Well Policy Voted April 7, 2020 (see attached). For requesting records please forward \$25.00 (research fee) and use this link:  
<https://sudbury.ma.us/publicrecords/>
- Once wells have been installed the Sudbury Water District must be informed for final inspection. 978-443-6602. Also, Certificate of Completion must be sent to the Mass DEP and Sudbury BoH.

Well drillers must submit an application for each Sudbury dwelling that is installing a well (per well). Permits expire December 31, 2022, 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

Board of Health

DPW Building  
275 Old Lancaster Road  
Sudbury, MA 01776  
978-440-5479  
Health@sudbury.ma.us

April 27, 2020

**At their meeting on April 7<sup>th</sup>, 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.



# 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.

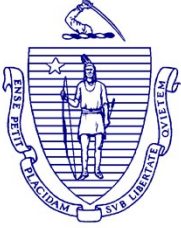
**THIS PERMIT MUST BE FULLY COMPLETED PRIOR TO CONSIDERATION**

|                                                     |              |            |                                           |
|-----------------------------------------------------|--------------|------------|-------------------------------------------|
| <b>Name of Licensed Well Driller</b>                |              |            | <b>Phone #</b>                            |
| <b>Street Address</b>                               |              |            | <b>Cell #</b>                             |
| <b>City/Town</b>                                    | <b>State</b> | <b>ZIP</b> | <b>Email:</b>                             |
| <b>Emergency Contact Person and Phone</b>           |              |            | <b>DIG Safe#</b>                          |
| <b>Insurance Certificate #:</b>                     |              |            | <b>Policy Expiration Date:</b>            |
| <b>Name and Contact Information of Insurer:</b>     |              |            |                                           |
| <b>Massachusetts Well Drilling # License Grade:</b> |              |            | <b>Expiration Date:</b>                   |
| <b>Address of Proposed Well Site:</b>               |              |            | <b>Owner of Property/Name/Phone/Email</b> |

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."

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## 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.

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## 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.

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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

ARTICLE XXVII: In- Ground Irrigation Systems

Purpose: It is the purpose of this bylaw to establish requirements for the installation of in-ground irrigation systems on residential properties for the protection of the quality and quantity of water supplied by the Sudbury Water District.

Applicability: All in-ground irrigation systems serving residential uses installed after the effective date of this bylaw will be required to comply with the following:

1. Installation of new in-ground irrigation systems and expansion of existing systems will be permitted only when the source of water supply is a private well owned and under the control of the property owner or a legally created organization of the owners of property using the well.
2. All wells installed for the purposes of this bylaw shall be subject to the regulations of the Sudbury Board of Health. All wells shall be tested for coli form bacteria and shall require treatment if such tests indicate the presence of coli form.
3. Installation and continued operation of such systems will be in accordance with the requirements herein:
  - (a) Private wells for irrigation purposes shall not be located within one hundred (100) feet of a sewage disposal system, within one hundred (100) feet of an existing potable water supply well and within one hundred (100) feet of a wetland or vernal pool. Lesser setbacks to sewage disposal systems may be approved by the Board of Health.
  - (b) All wells shall be dug or drilled to a minimum depth of 100 feet, unless it is demonstrated through hydro geological analysis that the cone of influence of the well at its maximum pumping capacity does not intercept any surface water resource.
  - (c) There will be no connection between the private water supply and the municipal water service. Separation using valves or removable sections of pipe is prohibited.
  - (d) Discharge of water from the private water supply will be through sub-surface sprinkler heads which rise when activated by water pressure. Water from this source will not be available through sill cocks, garden hoses or any other points.
  - (e) The purpose of the private water supply is limited to irrigation of lawn and plants, and is not to be used for washing automobiles, filling swimming pools or as a potable water supply.
4. Irrigation systems sourced by private water supplies and operated as described herein shall not be limited to specific hours of operation nor odd/even days of use if the Town declares a water emergency.
5. All irrigation systems shall utilize moisture sensors.
6. An Integrated Pest Management Plan shall be complied and submitted with an application to install an in-ground irrigation system. The plan shall encourage

minimal use of fertilizers and pesticides by use of non-chemical methods to control pests, such as by the use of indigenous species of plants.

7. Sellers of property covered by these regulations are responsible to inform the purchaser of these requirements in any purchase and sale agreement.
8. A permit to install a new in-ground irrigation system shall be required from the Board of Health and fees for review and inspection shall be established. All other state, federal or local approvals shall be required where necessary.

Exceptions: In-ground irrigation systems installed on land used primarily and directly for the raising of fruits, vegetables, berries, nuts and other foods for human consumption, feed for animals, flowers, trees, nursery or greenhouse products, and ornamental plants and shrubs; or on land to be used in a related manner which is incidental thereto and represents a customary and necessary use in raising such products.

**These regulations were revised to include the following and shall be effective 4/4/06:**

3. (a) Private wells for irrigation purposes shall not be located within one hundred (100) feet of a sewage disposal system, within one hundred (100) feet of an existing potable water supply well, and within one hundred (100) feet of a wetland or vernal pool. **Lesser setbacks to sewage disposal systems may be approved by the Board of Health.**

**Approved Town Meeting: 4/4/06**



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Note: GPS coordinates must be in WGS84 datum, in degrees. decimal degree format.

|                                                                                                    |                                                 |
|----------------------------------------------------------------------------------------------------|-------------------------------------------------|
| <b>1. WELL LOCATION</b>                                                                            | GPS (Required) North _____ ° West _____ °       |
| Address at Well Location _____                                                                     | <input type="checkbox"/> Property Owner _____   |
| Subdivision/Property Description _____                                                             | <input type="checkbox"/> Engineering Firm _____ |
| City/Town _____                                                                                    | Mailing Address _____                           |
| Assessors Map _____ Assessors Lot # _____                                                          | City/Town _____ State _____                     |
| Board of Health permit obtained <input type="checkbox"/> Yes <input type="checkbox"/> Not Required | Permit Number _____ Date Issued _____           |

|                          |                                                   |                     |                                                                                                     |                           |                                                                                                                        |                                       |                                                                                                                                            |
|--------------------------|---------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2. WORK PERFORMED</b> | <input type="checkbox"/> <input type="checkbox"/> | <b>3. WELL TYPE</b> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <b>4. DRILLING METHOD</b> | Overburden <input type="checkbox"/> <input type="checkbox"/> Bedrock <input type="checkbox"/> <input type="checkbox"/> | <b>6. ADDITIONAL WELL INFORMATION</b> | Developed <input type="checkbox"/> Y <input type="checkbox"/> N Fracture Enhancement <input type="checkbox"/> Y <input type="checkbox"/> N |
|--------------------------|---------------------------------------------------|---------------------|-----------------------------------------------------------------------------------------------------|---------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|

|                                      |                             |                                                                          |                                                                                     |                                                                                 |                                       |                                                                                                                                       |                                               |
|--------------------------------------|-----------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>5. WELL LOG</b>                   | <b>OVERBURDEN LITHOLOGY</b> | Drop in Drill Stem <input type="checkbox"/> Y <input type="checkbox"/> N | Extra Fast or Slow Drill Rate <input type="checkbox"/> F <input type="checkbox"/> S | Loss or Addition of Fluid <input type="checkbox"/> L <input type="checkbox"/> A | <b>6. ADDITIONAL WELL INFORMATION</b> | Disinfected <input type="checkbox"/> Y <input type="checkbox"/> N Surface Seal Type <input type="checkbox"/> <input type="checkbox"/> | Total Well Depth _____ Depth to Bedrock _____ |
| From (ft) To (ft) Code Color Comment |                             |                                                                          |                                                                                     |                                                                                 | <b>7. CASING</b>                      | From To Type Thickness Diameter                                                                                                       |                                               |
|                                      |                             |                                                                          |                                                                                     |                                                                                 |                                       |                                                                                                                                       |                                               |
|                                      |                             |                                                                          |                                                                                     |                                                                                 | <b>8. SCREEN</b>                      | From To Type Slot Size Diameter                                                                                                       |                                               |
|                                      |                             |                                                                          |                                                                                     |                                                                                 |                                       |                                                                                                                                       |                                               |
|                                      |                             |                                                                          |                                                                                     |                                                                                 |                                       |                                                                                                                                       |                                               |

|                                |                          |                                                                          |                                                                         |                                                                                     |                                                                                 |                                                                             |                               |                     |
|--------------------------------|--------------------------|--------------------------------------------------------------------------|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------|-------------------------------|---------------------|
| <b>5. WELL LOG</b>             | <b>BEDROCK LITHOLOGY</b> | Drop In Drill Stem <input type="checkbox"/> Y <input type="checkbox"/> N | Extra Large Chips <input type="checkbox"/> Y <input type="checkbox"/> N | Extra Fast or Slow Drill Rate <input type="checkbox"/> F <input type="checkbox"/> S | Loss or Addition of Fluid <input type="checkbox"/> L <input type="checkbox"/> A | Visible Rust Staining <input type="checkbox"/> Y <input type="checkbox"/> N | <b>9. WATER-BEARING ZONES</b> | From To Yield (gpm) |
| From (ft) To (ft) Code Comment |                          |                                                                          |                                                                         |                                                                                     |                                                                                 |                                                                             |                               |                     |
|                                |                          |                                                                          |                                                                         |                                                                                     |                                                                                 |                                                                             |                               |                     |
|                                |                          |                                                                          |                                                                         |                                                                                     |                                                                                 |                                                                             |                               |                     |
|                                |                          |                                                                          |                                                                         |                                                                                     |                                                                                 |                                                                             |                               |                     |

|                                          |                                                                                                                                       |
|------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|
| <b>10. PERMANENT PUMP (IF AVAILABLE)</b> | Pump Description <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Horsepower _____ |
|                                          | Pump Intake Depth _____ ft Nominal Pump Capacity _____ gpm                                                                            |

|                                       |                                                                                     |                                                          |                                                                                                                 |
|---------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| <b>11. ANNULAR SEAL / FILTER PACK</b> | From To Material 1 Weight Material 2 Weight Water (gal) Batches Method of Placement | <b>12. GEOTHERMAL INFORMATION (Opt.; Open Loop only)</b> | Thermal Conductivity (BTU/hr-ft-°F) Thermal Diffusivity (ft <sup>2</sup> /day) Formation Water Temperature (°F) |
|                                       |                                                                                     |                                                          |                                                                                                                 |
|                                       |                                                                                     |                                                          | DEP UIC # _____ Sample taken from this well <input type="checkbox"/> Y <input type="checkbox"/> N               |

|                           |                                                                                                                      |                        |                                                        |
|---------------------------|----------------------------------------------------------------------------------------------------------------------|------------------------|--------------------------------------------------------|
| <b>13. WELL TEST DATA</b> | Date Method Yield (GPM) Time Pumped (hrs) (min) Pumping Level (ft BGS) Time to Recover (hrs) (min) Recovery (ft BGS) | <b>14. WATER LEVEL</b> | Date Measured Static Depth BGS (ft) Flowing Rate (gpm) |
|                           |                                                                                                                      |                        |                                                        |
|                           |                                                                                                                      |                        |                                                        |

**15. COMMENTS**

**16. WELL DRILLERS STATEMENT** This well was drilled or altered under my direct supervision, according to the applicable rules and regulations, and this report is complete and accurate to the best of my knowledge.

Driller \_\_\_\_\_ Supervising Driller Signature \_\_\_\_\_ Certification # \_\_\_\_\_  
Company \_\_\_\_\_ Date Job Complete \_\_\_\_\_ Rig Permit # \_\_\_\_\_





**Massachusetts Department of Environmental Protection**  
Bureau of Resource Protection  
GENERAL WELL REPORT

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*Note: GPS coordinates must be in WGS84 datum, in degrees. decimal degree format.*  
***NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.***  
Rev. 9/2/2010

## General Well Report Codes (to be used in completing the General Well Report)

| Section 2      |      |
|----------------|------|
| Work Performed | Code |
| Deepen         | DP   |
| Hydrofracture  | HF   |
| New Well       | NW   |
| Repair         | RP   |
| Replacement    | RE   |

| Section 3            |      |
|----------------------|------|
| Well Type            | Code |
| Cathodic Protection  | CTPR |
| Domestic             | DMST |
| Domestic/Geothermal  | DSGT |
| Geoconstruction      | GCON |
| Geothermal Open Loop | GTOL |
| Industrial           | INDS |
| Injection            | INJC |
| Irrigation           | IRRG |
| Public Water Supply  | PBWS |
| Recovery             | RCVR |
| Test Wells           | TSTW |

| Section 4          |      |
|--------------------|------|
| Drilling Method    | Code |
| Air Hammer         | AH   |
| Air Rotary         | AR   |
| Auger              | AG   |
| Cable Tool         | CT   |
| Casing Advancement | CA   |
| Core               | CR   |
| Direct Push        | DP   |
| Drive and Wash     | DW   |
| Dug                | DG   |
| Mud Rotary         | MR   |
| Reverse Rotary     | RR   |
| Sonic              | SN   |

| Section 5            |         |                  |               |                      |         |
|----------------------|---------|------------------|---------------|----------------------|---------|
| Overburden Lithology | OB Code | Overburden Color | OB Color Code | Bedrock Lithology    | BR Code |
| Boulders             | B       | Black            | BL            | Amphibolite          | AM      |
| Clay                 | CL      | Bluish Gray      | BG            | Basalt               | BS      |
| Clean Fill           | CF      | Brown            | BR            | Conglomerate/Breccia | CG/BR   |
| Coarse Sand          | CS      | Dark Gray        | DG            | Diorite              | DI      |
| Cobbles              | C       | Greenish Gray    | GG            | Gabbro               | GB      |
| Fine Sand            | FS      | Light Gray       | LG            | Gneiss               | GN      |
| Fine to Coarse Sand  | FCS     | Reddish Brown    | RB            | Granite              | GR      |
| Gravel               | G       | Yellowish Brown  | YB            | Limestone            | LS      |
| Medium Sand          | MS      |                  |               | Marble               | MA      |
| Organics             | O       |                  |               | Quartzite            | OZ      |
| Sand & Gravel        | SG      |                  |               | Rhyolite             | RH      |
| Silt                 | SI      |                  |               | Sandstone            | SS      |
| Silty Clay           | SICL    |                  |               | Schist               | SC      |
| Silty Sand           | SIS     |                  |               | Shale                | SH      |
| Silty Sand & Gravel  | SISG    |                  |               | Slate/Phyllite       | SL/PH   |
| Till                 | T       |                  |               | Pegmatite            | PM      |

| Section 6         |      |
|-------------------|------|
| Surface Seal Type | Code |
| Cement            | CM   |
| Cement/Bentonite  | CB   |
| Concrete          | CT   |
| None              | NO   |

| Section 7        |      |              |
|------------------|------|--------------|
| Casing Type      | Code | Thickness    |
| Certa-Lok        | CTL  | Schedule 5   |
| Fiberglass       | FBG  | Schedule 10  |
| Galvanized Pipe  | GLP  | Schedule 40  |
| HDPE             | HDP  | Schedule 80  |
| NSF Coated Sheet | NCS  | Schedule 160 |
| PVC              | PVC  | SDR 13.5     |
| Stainless Steel  | SST  | SDR 17       |
| Steel            | STL  | SDR 21       |
|                  |      | SDR 26       |
|                  |      | SDR 32.5     |
|                  |      | SDR 40       |
|                  |      | 17#          |
|                  |      | 19#          |

| Section 8                  |             |
|----------------------------|-------------|
| Screen Type                | Screen Code |
| Carbon Steel               | CST         |
| Continuous Wire/PVC        | CWP         |
| Galvanized Wire Wrapped    | GWW         |
| Perforated Pipe            | PFP         |
| Pre-pack PVC               | PPP         |
| Pre-pack Stainless         | PPS         |
| Slotted PVC                | SLP         |
| Stainless Steel Vee Wire   | SSV         |
| Stainless Steel Well Point | SSP         |

| Section 10                         |           |            |
|------------------------------------|-----------|------------|
| Pump Description                   | Pump Code | Horsepower |
| 2 Wire Constant Speed Submersible  | 2WSS      | 1/2        |
| 3 Wire Constant Speed Submersible  | 3WSS      | 3/4        |
| 3 Wire Variable Speed Submersible  | 3WVS      | 1          |
| Constant Speed Submersible Turbine | CSST      | 1-1/2      |
| Variable Speed Submersible Turbine | VSST      | 2          |
| Jet                                | JET       | 3          |
| Line Shaft Turbine                 | LST       | 5          |
| Centrifugal                        | CENT      | 7-1/2      |
|                                    |           | 10         |
|                                    |           | 15         |
|                                    |           | 20         |
|                                    |           | 30         |
|                                    |           | 40         |
|                                    |           | 50         |
|                                    |           | 60         |
|                                    |           | 75         |
|                                    |           | 100        |
|                                    |           | 150        |
|                                    |           | 200        |

| Section 11                 |      |  |         |              |  |                     |                          |
|----------------------------|------|--|---------|--------------|--|---------------------|--------------------------|
| Annular Seal / Filter Pack | Code |  | Purpose | Purpose Code |  | Method of Placement | Method of Placement Code |
| Bentonite Chips / Pellets  | BC   |  | Fill    | FL           |  | Gravity             | GR                       |
| Bentonite / Graphite       | BT   |  | Filter  | FT           |  | Tremie              | TR                       |
| Bentonite Grout            | BG   |  | Seal    | AS           |  | Other               | OT                       |
| Cement Bentonite Grout     | CB   |  |         |              |  |                     |                          |
| Concrete                   | CT   |  |         |              |  |                     |                          |
| Sand                       | SD   |  |         |              |  |                     |                          |
| Native Material            | NM   |  |         |              |  |                     |                          |
| Pea Gravel / Gravel        | GR   |  |         |              |  |                     |                          |

| Section 13               |             |
|--------------------------|-------------|
| Well Test Method         | Method Code |
| Air Blow with Drill Stem | AB          |
| Air Lift                 | AL          |
| Bailing                  | BL          |
| Constant Rate Pump       | CR          |
| Variable Rate Pump       | VR          |
| Slug                     | SG          |

## General Well Report Codes

(to be used in completing the General Well Report)

| Section 2      |      |
|----------------|------|
| Work Performed | Code |
| Deepen         | DP   |
| Hydrofracture  | HF   |
| New Well       | NW   |
| Repair         | RP   |
| Replacement    | RE   |

| Section 3            |      |
|----------------------|------|
| Well Type            | Code |
| Cathodic Protection  | CTPR |
| Domestic             | DMST |
| Domestic/Geothermal  | DSGT |
| Geoconstruction      | GCON |
| Geothermal Open Loop | GTOL |
| Industrial           | INDS |
| Injection            | INJC |
| Irrigation           | IRRG |
| Public Water Supply  | PBWS |
| Recovery             | RCVR |
| Test Wells           | TSTW |

| Section 4          |      |
|--------------------|------|
| Drilling Method    | Code |
| Air Hammer         | AH   |
| Air Rotary         | AR   |
| Auger              | AG   |
| Cable Tool         | CT   |
| Casing Advancement | CA   |
| Core               | CR   |
| Direct Push        | DP   |
| Drive and Wash     | DW   |
| Dug                | DG   |
| Mud Rotary         | MR   |
| Reverse Rotary     | RR   |
| Sonic              | SN   |

| Section 5            |         |                  |               |                      |         |
|----------------------|---------|------------------|---------------|----------------------|---------|
| Overburden Lithology | OB Code | Overburden Color | OB Color Code | Bedrock Lithology    | BR Code |
| Boulders             | B       | Black            | BL            | Amphibolite          | AM      |
| Clay                 | CL      | Bluish Gray      | BG            | Basalt               | BS      |
| Clean Fill           | CF      | Brown            | BR            | Conglomerate/Breccia | CG/BR   |
| Coarse Sand          | CS      | Dark Gray        | DG            | Diorite              | DI      |
| Cobbles              | C       | Greenish Gray    | GG            | Gabbro               | GB      |
| Fine Sand            | FS      | Light Gray       | LG            | Gneiss               | GN      |
| Fine to Coarse Sand  | FCS     | Reddish Brown    | RB            | Granite              | GR      |
| Gravel               | G       | Yellowish Brown  | YB            | Limestone            | LS      |
| Medium Sand          | MS      |                  |               | Marble               | MA      |
| Organics             | O       |                  |               | Quartzite            | QZ      |
| Sand & Gravel        | SG      |                  |               | Rhyolite             | RH      |
| Silt                 | SI      |                  |               | Sandstone            | SS      |
| Silty Clay           | SICL    |                  |               | Schist               | SC      |
| Silty Sand           | SIS     |                  |               | Shale                | SH      |
| Silty Sand & Gravel  | SISG    |                  |               | Slate/Phyllite       | SL/PH   |
| Till                 | T       |                  |               | Pegmatite            | PM      |

## General Well Report Codes

(to be used in completing the General Well Report)

| Section 6         |      |
|-------------------|------|
| Surface Seal Type | Code |
| Cement            | CM   |
| Cement/Bentonite  | CB   |
| Concrete          | CT   |
| None              | NO   |

| Section 7        |      |              |
|------------------|------|--------------|
| Casing Type      | Code | Thickness    |
| Certa-Lok        | CTL  | Schedule 5   |
| Fiberglass       | FBG  | Schedule 10  |
| Galvanized Pipe  | GLP  | Schedule 40  |
| HDPE             | HDP  | Schedule 80  |
| NSF Coated Sheet | NCS  | Schedule 160 |
| PVC              | PVC  | SDR 13.5     |
| Stainless Steel  | SST  | SDR 17       |
| Steel            | STL  | SDR 21       |
|                  |      | SDR 26       |
|                  |      | SDR 32.5     |
|                  |      | SDR 40       |
|                  |      | 17#          |
|                  |      | 19#          |

| Section 8                  |             |
|----------------------------|-------------|
| Screen Type                | Screen Code |
| Carbon Steel               | CST         |
| Continuous Wire/PVC        | CWP         |
| Galvanized Wire Wrapped    | GWW         |
| Perforated Pipe            | PFP         |
| Pre-pack PVC               | PPP         |
| Pre-pack Stainless         | PPS         |
| Slotted PVC                | SLP         |
| Stainless Steel Vee Wire   | SSV         |
| Stainless Steel Well Point | SSP         |

| Section 10                         |           |            |
|------------------------------------|-----------|------------|
| Pump Description                   | Pump Code | Horsepower |
| 2 Wire Constant Speed Submersible  | 2WSS      | 1/2        |
| 3 Wire Constant Speed Submersible  | 3WSS      | 3/4        |
| 3 Wire Variable Speed Submersible  | 3WVS      | 1          |
| Constant Speed Submersible Turbine | CSST      | 1-1/2      |
| Variable Speed Submersible Turbine | VSST      | 2          |
| Jet                                | JET       | 3          |
| Line Shaft Turbine                 | LST       | 5          |
| Centrifugal                        | CENT      | 7-1/2      |
|                                    |           | 10         |
|                                    |           | 15         |
|                                    |           | 20         |
|                                    |           | 30         |
|                                    |           | 40         |
|                                    |           | 50         |
|                                    |           | 60         |
|                                    |           | 75         |
|                                    |           | 100        |
|                                    |           | 150        |
|                                    |           | 200        |

## General Well Report Codes

(to be used in completing the General Well Report)

| Section 11                 |      |         |              |                     |                          |
|----------------------------|------|---------|--------------|---------------------|--------------------------|
| Annular Seal / Filter Pack | Code | Purpose | Purpose Code | Method of Placement | Method of Placement Code |
| Bentonite Chips / Pellets  | BC   | Fill    | FL           | Gravity             | GR                       |
| Bentonite / Graphite       | BT   | Filter  | FT           | Tremie              | TR                       |
| Bentonite Grout            | BG   | Seal    | AS           | Other               | OT                       |
| Cement Bentonite Grout     | CB   |         |              |                     |                          |
| Concrete                   | CT   |         |              |                     |                          |
| Sand                       | SD   |         |              |                     |                          |
| Native Material            | NM   |         |              |                     |                          |
| Pea Gravel / Gravel        | GR   |         |              |                     |                          |

| Section 13               |             |
|--------------------------|-------------|
| Well Test Method         | Method Code |
| Air Blow with Drill Stem | AB          |
| Air Lift                 | AL          |
| Bailing                  | BL          |
| Constant Rate Pump       | CR          |
| Variable Rate Pump       | VR          |
| Slug                     | SG          |



**Well Driller Program  
Well Completion Report Correction and Change Request**

**I. INSTRUCTIONS**

Only MassDEP staff can make a change to a Well Completion Report previously submitted to MassDEP. This form may only be used to request a correction in a previously submitted report and may not be used for a physical change in a well. Multiple changes for a specific well may be requested on this form.

You must include a copy of the report to be corrected or changed. You must complete all sections and be specific about the exact change(s) to be made by crossing out the error and write or type in the correct information.

Mail this form and Well Completion Report with specific corrections to: MassDEP, Drinking Water Program One Winter Street 5<sup>th</sup> Floor, Boston MA 02108. Attention Well Drillers

**II. REPORTING INFORMATION**

|                                         |  |                            |  |
|-----------------------------------------|--|----------------------------|--|
| Well Report Number:                     |  | Date Report Was Submitted: |  |
| Well Address:                           |  |                            |  |
| City/Town:                              |  |                            |  |
| MA Well Driller Number:                 |  |                            |  |
| Driller Name:                           |  |                            |  |
| Company:                                |  |                            |  |
| Change Requested and Reason for Change: |  |                            |  |

**III. SIGNATURE**

*I certify under penalties of law that I am the person authorized to fill out this form and the information contained herein is true, accurate and complete to the best extent of my knowledge.*

|             |  |        |  |
|-------------|--|--------|--|
| Print Name: |  | Title: |  |
| Signature:  |  | Date:  |  |
| Email:      |  | Phone: |  |





|  |
|--|
|  |
|  |
|  |
|  |

*Note: GPS coordinates must be in WGS84 datum, in degrees decimal degree format.*

| <b>1. WELL LOCATION</b>                                                                                                                                                            |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|---------------------------------------------------|--------|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|--------------------|-----------------------------------------------------------------------------------------------------|---------------------------------------------------|
| GPS (Required) North _____ ° _____ West _____ ° _____                                                                                                                              |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Address at Well Location _____ <input type="checkbox"/> Property Owner _____                                                                                                       |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Subdivision/Property Description: _____ <input type="checkbox"/> Engineering Firm _____                                                                                            |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| City/Town _____ In public right-of-way? <input type="checkbox"/> Mailing Address _____                                                                                             |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Assessors Map _____ Assessors Lot # _____ City/Town _____ State _____                                                                                                              |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Board of Health permit obtained <input type="checkbox"/> Yes <input type="checkbox"/> Not Required Permit Number _____ Date Issued _____                                           |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| <b>2. WELL INFORMATION</b>                                                                                                                                                         |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Date decommissioned                                                                                                                                                                |             |                                                   |        |                                                                                  | Depth of decommissioned well                                                              |                    |                                                                                                     |                                                   |
| Number of wells decommissioned in group                                                                                                                                            |             |                                                   |        |                                                                                  | Area of group (sq. ft)                                                                    |                    |                                                                                                     |                                                   |
| <b>3. ADDITIONAL INFORMATION (IF AVAILABLE)</b>                                                                                                                                    |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Well Type Prior to Decommission <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                |             |                                                   |        |                                                                                  | Original WCR # for Decommissioned Well                                                    |                    |                                                                                                     |                                                   |
| Well ended in formation type <input type="checkbox"/> Overburden <input type="checkbox"/> Bedrock                                                                                  |             |                                                   |        | Was a new well drilled? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                                                           | WCR # for New Well |                                                                                                     |                                                   |
| DEP 21E Site #                                                                                                                                                                     |             |                                                   |        |                                                                                  | DEP Groundwater Discharge #                                                               |                    |                                                                                                     |                                                   |
| <b>4. CASING</b>                                                                                                                                                                   |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Casing Type <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>                                                                                             |             |                                                   |        |                                                                                  | Casing Diameter                                                                           |                    |                                                                                                     |                                                   |
| Was casing left in place? <input type="checkbox"/> Yes <input type="checkbox"/> No From _____ To _____                                                                             |             |                                                   |        |                                                                                  | Was casing ripped or perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |                                                                                                     |                                                   |
| Were obstructions left in the well? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type?                                                                    |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| <b>5. WATER LEVEL</b>                                                                                                                                                              |             |                                                   |        |                                                                                  |                                                                                           |                    | <b>6. SURFACE SEAL</b>                                                                              |                                                   |
| Date Measured                                                                                                                                                                      |             | Static Depth BGS (ft)                             |        |                                                                                  | Flowing Rate (gpm)                                                                        |                    | <input type="checkbox"/> <input type="checkbox"/>                                                   |                                                   |
| <b>7. DECOMMISSIONING MATERIAL</b>                                                                                                                                                 |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| From (ft BGS)                                                                                                                                                                      | To (ft BGS) | Material 1                                        | Weight | Material 2                                                                       | Weight                                                                                    | Water (gal)        | Batches                                                                                             | Method of Placement                               |
|                                                                                                                                                                                    |             | <input type="checkbox"/> <input type="checkbox"/> |        | <input type="checkbox"/> <input type="checkbox"/>                                |                                                                                           |                    |                                                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                                    |             | <input type="checkbox"/> <input type="checkbox"/> |        | <input type="checkbox"/> <input type="checkbox"/>                                |                                                                                           |                    |                                                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                                    |             | <input type="checkbox"/> <input type="checkbox"/> |        | <input type="checkbox"/> <input type="checkbox"/>                                |                                                                                           |                    |                                                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
|                                                                                                                                                                                    |             | <input type="checkbox"/> <input type="checkbox"/> |        | <input type="checkbox"/> <input type="checkbox"/>                                |                                                                                           |                    |                                                                                                     | <input type="checkbox"/> <input type="checkbox"/> |
| <b>8. COMMENTS</b>                                                                                                                                                                 |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
|                                                                                                                                                                                    |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| <b>9. WELL DRILLERS STATEMENT</b>                                                                                                                                                  |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| This well was decommissioned under my direct supervision, according to the applicable rules and regulations, and this report is complete and accurate to the best of my knowledge. |             |                                                   |        |                                                                                  |                                                                                           |                    |                                                                                                     |                                                   |
| Driller _____                                                                                                                                                                      |             | Supervising Driller Signature _____               |        |                                                                                  | Certification #                                                                           |                    | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |                                                   |
| Company _____                                                                                                                                                                      |             |                                                   |        | Date Job Complete _____                                                          |                                                                                           |                    |                                                                                                     |                                                   |

**NOTE: Well Completion Reports must be filed by the registered well driller within 30 days of well completion.**

**Decommissioned Well Report Codes**  
(to be used in completing the Decommissioned Well Report)

| Section 3                       |      |
|---------------------------------|------|
| Well Type Prior to Decommission | Code |
| Cathodic Protection             | CTPR |
| Domestic                        | DMST |
| Domestic/Geothermal             | DSGT |
| Geoconstruction                 | GCON |
| Geothermal Open Loop            | GTOL |
| Industrial                      | INDS |
| Injection                       | INJC |
| Irrigation                      | IRRG |
| Public Water Supply             | POWS |
| Recovery                        | RCVR |
| Test Wells                      | TSTW |
| Unknown                         | UNKN |

| Section 4        |      |
|------------------|------|
| Casing Type      | Code |
| Certa-Lok        | CTL  |
| Fiberglass       | FBG  |
| Galvanized Pipe  | GLP  |
| HDPE             | HDP  |
| NSF Coated Sheet | NCS  |
| PVC              | PVC  |
| Stainless Steel  | SST  |
| Steel            | STL  |

| Section 6        |           |
|------------------|-----------|
| Surface Seal     | Type Code |
| Cement           | CM        |
| Cement/Bentonite | CB        |
| Concrete         | CT        |
| None             | NO        |
|                  |           |
|                  |           |
|                  |           |

| Section 7                 |      |         |              |                     |                          |
|---------------------------|------|---------|--------------|---------------------|--------------------------|
| Decommissioning Material  | Code | Purpose | Purpose Code | Method of Placement | Method of Placement Code |
| Bentonite Chips / Pellets | BC   | Fill    | FL           | Gravity             | GR                       |
| Bentonite / Graphite      | BT   | Filter  | FT           | Tremie              | TR                       |
| Bentonite Grout           | BG   | Seal    | AS           | Other               | OT                       |
| Cement Bentonite Grout    | CB   |         |              |                     |                          |
| Concrete                  | CT   |         |              |                     |                          |
| Sand                      | SD   |         |              |                     |                          |
| Native Material           | NM   |         |              |                     |                          |
| Pea Gravel / Gravel       | GR   |         |              |                     |                          |

**Decommissioned Well Report Codes**  
(to be used in completing the Decommissioned Well Report)

| <b>Section 3</b>                       |             |
|----------------------------------------|-------------|
| <b>Well Type Prior to Decommission</b> | <b>Code</b> |
| Cathodic Protection                    | CTPR        |
| Domestic                               | DMST        |
| Domestic/Geothermal                    | DSGT        |
| Geoconstruction                        | GCON        |
| Geothermal Open Loop                   | GTOL        |
| Industrial                             | INDS        |
| Injection                              | INJC        |
| Irrigation                             | IRRG        |
| Public Water Supply                    | POWS        |
| Recovery                               | RCVR        |
| Test Wells                             | TSTW        |
| Unknown                                | UNKN        |

| <b>Section 4</b>   |             |
|--------------------|-------------|
| <b>Casing Type</b> | <b>Code</b> |
| Certa-Lok          | CTL         |
| Fiberglass         | FBG         |
| Galvanized Pipe    | GLP         |
| HDPE               | HDP         |
| NSF Coated Sheet   | NCS         |
| PVC                | PVC         |
| Stainless Steel    | SST         |
| Steel              | STL         |

| <b>Section 6</b>    |                  |
|---------------------|------------------|
| <b>Surface Seal</b> | <b>Type Code</b> |
| Cement              | CM               |
| Cement/Bentonite    | CB               |
| Concrete            | CT               |
| None                | NO               |
|                     |                  |
|                     |                  |
|                     |                  |
|                     |                  |

| <b>Section 7</b>                |             |                |                     |                            |                                 |
|---------------------------------|-------------|----------------|---------------------|----------------------------|---------------------------------|
| <b>Decommissioning Material</b> | <b>Code</b> | <b>Purpose</b> | <b>Purpose Code</b> | <b>Method of Placement</b> | <b>Method of Placement Code</b> |
| Bentonite Chips / Pellets       | BC          | Fill           | FL                  | Gravity                    | GR                              |
| Bentonite / Graphite            | BT          | Filter         | FT                  | Tremie                     | TR                              |
| Bentonite Grout                 | BG          | Seal           | AS                  | Other                      | OT                              |
| Cement Bentonite Grout          | CB          |                |                     |                            |                                 |
| Concrete                        | CT          |                |                     |                            |                                 |
| Sand                            | SD          |                |                     |                            |                                 |
| Native Material                 | NM          |                |                     |                            |                                 |
| Pea Gravel / Gravel             | GR          |                |                     |                            |                                 |