

NATICK BOARD OF HEALTH
 13 East Central St.
 Natick MA 01760

Telephone 508-647-6460
 Fax 508-647-6466

APPLICATION FOR WELL CONSTRUCTION PERMIT

Date: _____

Application Fee: _____
 nonrefundable

Application to: () Construct or () Repair an Individual Well at:

- Well Location/Address _____ Map & Lot # _____
- Owner _____
- Address: _____ Tel. # _____
- Type of Well: () Potable Drinking Water () Irrigation () Geothermal
- Type of Well Construction: _____
- Well Contractor _____
- Address _____ Tel.# _____
- Name of Licensed Well Driller: _____ MA License # _____
- Address: _____ Tel. # _____
- Distance from Septic System _____ Ft.
- Geothermal Closed Loop: provide type of recirculating fluid/antifreeze used _____

AGREEMENT: The undersigned agrees to construct the aforementioned well in accordance with the provisions set forth by the Natick Board of Health and latest sanitary engineering requirements. The undersigned further agrees not to place the well in operation until final approval by any and all applicable departments such as, the **Plumbing Inspector, Water Dept., Electrical Inspector** and the **Board of Health**.

Signed: _____ Print Name: _____ Tele. # _____ Date: _____

TO BE FILLED IN BY THE BOARD OF HEALTH:

Date Received: _____ **Date Approved:** _____ **By:** _____

For office use

WELL CONSTRUCTION PERMIT

Permit No: _____

Date _____

Permission is hereby granted to _____

To () construct or () repair a/an _____ well at _____

as shown on the application for a well permit.

	Initial Inspection & Date	Final Inspection & Date
Plumbing Inspector 508-647-6450		
Water Department 508-647-6557		
Electrical Inspector 508-647-6450		
Board of Health 508-647-6460		

Inspection signoffs are not required for a CLOSED LOOP Geothermal Well.

Return to BOH office after final inspections.

Well Construction Application Information

For the complete text of the regulations ask for a copy or see Natick Board of Health Regulation Chapter 5 – <https://www.natickma.gov/DocumentCenter/View/7502/Chapter-5-Cesspools-Septic-Tanks-Privy-Vaults-Public-Sewers-and-Water-Supply>

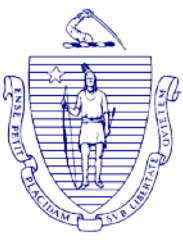
- Contract with a licensed well driller: <https://www.mass.gov/service-details/find-a-certified-well-driller>
- Submit:
 - Fee
 - Completed and signed application/permit
 - Plot plan/Sketch of property with locations and setbacks of boring(s), property lines, foundations, septic systems, wells/drains, swimming pools, bodies of water/streams/wetlands, surface water supplies, etc.
 - Geothermal Closed Loop: provide type of recirculating fluid/antifreeze used, also see box below
 - other documents as may be required/requested ex. trench permit, Conservation, Zoning
- Mark the location of the well(s) on the property. The Health Dept. will inspect the location.
- Upon approval the Health Dept. will give a permit copy to the Plumbing, Electrical & Water Depts. and mail the permit to the driller. Depending on the well type, these departments may or may not require inspections and/or separate permits. It is up to the applicant to determine if other departments are required.
Plumbing and Electrical Inspectors: 508-647-6450 Water Department: 508-647-6557
- Geothermal Closed Loop: a permit must be pulled but inspection sign offs are not required
- Well driller to return (to Health Dept.) application/permit when all final sign offs are completed
- Well Completion Report must be filed by well driller within 30 days of completion

GEOHERMAL CLOSED LOOP GSHP
 GSHP wells are NOT permitted within the ZONE 1 of public water supply wells.
 Follow MA DEP's "**Guidelines for Ground Source Heat Pump Wells**" at <https://www.mass.gov/orgs/massachusetts-department-of-environmental-protection>

MINIMUM SETBACK REQUIREMENTS	IRRIGATION	GEOHERMAL
Property Line	20 feet	10 feet
Swimming Pool (in-ground) or Foundation Drain	20 feet	20 feet
Building Foundation (including slabs)	10 feet	10 feet
Septic System	25 feet	
Surface water bodies	25 feet	10 feet
Private Water Supply Well	125 feet	100 feet
Bordering Vegetated Wetland (BVW)	50 feet	50 feet

POTABLE see complete text of Natick Board of Health Regulation Chapter 5
 Private wells for drinking water shall not be allowed where a public water supply is available in sufficient quantity and pressure so as to meet U.S. and Massachusetts safe drinking water standards, nor be allowed in any case in an area bounded by North Main St., Lake Cochituate, West Central St. and the Massachusetts Turnpike.

Please call the Health Department office for more information. The number is 508-6460



**The Commonwealth of Massachusetts
 Department of Industrial Accidents
 Office of Investigations
 Lafayette City Center
 2 Avenue de Lafayette, Boston, MA 02111-1750
 www.mass.gov/dia**

Workers' Compensation Insurance Affidavit: General Businesses

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 § 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 (check 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 Office of Investigations would like to thank you in advance for your cooperation and should you have any questions, please do not hesitate to give us a call.

The Department's address, telephone and fax number:

The Commonwealth of Massachusetts
Department of Industrial Accidents
Office of Investigations
Lafayette City Center
2 Avenue de Lafayette,
Boston, MA 02111-1750

Tel. (857) 321-7406 or 1-877-MASSAFE

Fax (617) 727-7749

www.mass.gov/dia