



**Town of Salisbury**  
**5 Beach Road**  
**Salisbury, Massachusetts 01952**  
**BOARD OF HEALTH**  
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**FEE: \$150.00**

## Well Diggers Permit

In compliance with Salisbury Board of Health Private Well Water Supply Regulations, a permit is hereby issued to install the following:

- Install a dug well (gravel pack):.....
- Install a driven well (well point):.....
- Install a deep well (artesian/drilled):.....

Other (describe): \_\_\_\_\_  
 \_\_\_\_\_

Location of property: \_\_\_\_\_  
 Name of Owner: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

Name of Well Driller: \_\_\_\_\_  
 Mass License #: \_\_\_\_\_ Date of expiration: \_\_\_\_\_  
 Telephone number: \_\_\_\_\_

The **Health Agent** must be **notified 24 hours in advance** and **be present** during the water flow test completed by the Driller.

A report from an approved laboratory shall be submitted to the Board of Health meeting the following requirements:

- Total Coli form.....<4 per ml
- Chlorides.....<125 mg/L
- Hardness.....<250 mg/L
- Manganese (1).....<0.05 mg/L
- \*Sodium.....<20 mg/L
- Iron (1).....<0.3 mg/L
- Nitrate-Nitrogen.....<10 mg/L
- Other: \_\_\_\_\_

\*This standard is included to inform prospective homeowners failure does not constitute disapproval of the well.

(1) Failure to meet these standards shall require treatment.

**Notice:**

Before a Certificate of Compliance can be issued, the house and well supply lines shall be disinfected and a bacteriological test result shall be submitted to the Board of Health.

A diagram of the Well location, exact distances from a benchmark, and well measurements including depth must be attached and on file at the Board of Health.

Well Driller's Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Health Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_