



Charles D. Baker, Governor
 Karyn E. Polito, Lieutenant Governor
 Stephanie Pollack, Secretary & CEO
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**ENVIRONMENTAL SERVICES
 Salt Remedation Program
 Private Well Data Form**

I. Owner Information	
Owner Name:	Home Phone:
Address:	Work Phone:
City/Town	Cell Phone:
Zip code	Email Address:
Date Property Purchased:	
II. Occupants(s)	
Name(s):	Number of Occupant(s) using well:
Address at Well Location:	Home Phone:
City/Town: Zip code:	Work Phone:
III. Well Type and Use	
<input type="checkbox"/> Domestic <input type="checkbox"/> Agricultural <input type="checkbox"/> Commercial <input type="checkbox"/> Industrial	
Well Water Use: (you may choose more than one): <input type="checkbox"/> Irrigation <input type="checkbox"/> Other (specify):	
<input type="checkbox"/> Drilled: <input type="checkbox"/> Dug: <input type="checkbox"/> Driven: <input type="checkbox"/> Other (specify):	Estimated Daily Water Usage for all purposes in gallons per day:
IV. Well Data	
Well Depth: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Screened Interval: <input type="checkbox"/> actual <input type="checkbox"/> estimate
Well Diameter: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Well Yield (gpm): <input type="checkbox"/> actual <input type="checkbox"/> estimate
Well Casing Depth: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Depth to Bedrock: <input type="checkbox"/> actual <input type="checkbox"/> estimate
Well Casing Material: <input type="checkbox"/> actual <input type="checkbox"/> estimate	Date Well Constructed: <input type="checkbox"/> actual <input type="checkbox"/> estimate
Type of Pump: <input type="checkbox"/> Submersible <input type="checkbox"/> Jet <input type="checkbox"/> Shallow <input type="checkbox"/> Other (specify):	
Pump Intake Depth (bgs): <input type="checkbox"/> actual <input type="checkbox"/> estimate	Nominal Pump Capacity (gpm):
I have enclosed a copy of the Well Completion Report and/or Well Driller invoice : <input type="checkbox"/> yes <input type="checkbox"/> no	
Driller's Name:	Driller's Phone:
Driller's Address:	

V. Water Quality

Describe water problems:

When did you first notice water problems?

Did you *attach a water analysis* from a MassDEP certified laboratory for: Sodium, Calcium, Chloride, and specific conductance.

Yes No

Date(s) water samples were collected?

Yes No

If accepted into the program would you like to receive copies of future water quality results?

If Yes, Certified Mail Email

VI. Water Treatment

Do you have any water treatment or filtration equipment? Yes No

If you answered Yes above, include copies of the bills from the installer and the company that services the equipment and complete the following information.

Name of Installer:

Phone Number:

Neutralizer:

Softener:

Other(specify):

How much salt is used each year in your water softener? (pounds)

What chemical is used in your neutralizer? (pounds)

VII. Diagrams

Attach a Site Map showing the information listed below. You may find a plot plan or site map on file at your local assessor's office or board of health.

- The location of all property structures, well and septic system including the leaching field;
- The location of all abutting properties wells, septic systems, and leaching fields
- The state highway(s)

VIII. Certification

I hereby certify that all of the statements and information on and supplied with this application form are true and complete to the best of my knowledge and belief and that no information necessary to the resolution of this complaint is withheld.

Owners Signature:

Date:

Signature of Person Preparing this Form:

Date: