

Massachusetts Department of Environmental Protection

Bureau of Resource Protection – Drinking Water Program

UIC Class V Well

Completion of Construction Notification Form

	Enter UIC Registration Number (required):	UIC Registration Num	ber
۹.	Residential/Facility Information		
	Facility/Residential Property Name		
	Facility/Residential Property Street Address		
	City/Town	State	Zip Code
В.	Preparer Information		
	Preparer Name	Preparer Address (if c	lifferent from facility)
	City/Town	State	Zip Code
	Zip	Telephone Number	
	Preparer's Email	Preparer's Phone #	
C.	Well Information		
	Date well construction completed	Date well(s) put into us	se
	Was there any information that was unavailable or r depth, depth to water table/bedrock)?	nissing in the original UIC application (i.e. well	
	☐ Yes ☐ No		
	previously submitted UIC registration modification for discharge system conditions that MassDEP placed (excluding any post start-up sampling requirements following: well dimensions, well seal materials, pipin	any of the information that was submitted with the original UIC application (including any ously submitted UIC registration modification forms) changed, or have any of the UIC well and narge system conditions that MassDEP placed on the UIC registration approval not been met uding any post start-up sampling requirements)? This would include, but not be limited to, the wing: well dimensions, well seal materials, piping/tubing materials, well(s) location(s), number of number of entry points to the system, types of discharges, types of additives, and any of the thments previously submitted.	
	☐ Yes ☐ No		
	If you answered "Yes" to either of the previous questions, you must complete the BRP UIC Registration form that is applicable to the well type associated with the UIC Registration Number that you entered at the top of this form. You shall complete only the UIC Registration		

For drilled wells, attach the well driller's Well Completion Report.

Attach laboratory analytical results for raw water samples and post treatment/process/heat pump bacteria samples as required for your well type or per MassDEP conditions stipulated in the UIC Registration approval-to-install letter.

Number, facility name and address and those portions of the form that are changed, including data not supplied with the original application, and resubmit only those attachments that were

Important: When filling out forms on the computer, use only the tab key to move your cursor - do not use the return key.





modified.



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C. Well Information (cont.)

	Attachments		
	☐ Applicable BRP WS06 Registration form (including any revised plans or attachments)		
	☐ Well Completion Report (for drilled wells only)	☐ Analytical Data	
	Other (describe):		
D.	Certifications		
	Operator		
	I certify under pains and penalties of law that I have personally examined and am familiar with the information submitted in this document and all attachments and based on my personal knowledge or inquiry of those agents immediately responsible for obtaining the information on my behalf, I believe the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including possible fines and imprisonment.		
	Signature of Operator	Date	
	Printed Name of Operator	Position/Title	
	Owner (must be completed if owner has not signed above as operator)		
	I certify that I have personally examined and am familiar with the information submitted in this document.		
	Signature of Owner	Date	
	Printed Name of Owner	Position/Title	
	Submit a signed and complete application package to:		
	MassDEP Bureau of Resource Protection - UIC Program One Winter Street, 5th Floor Boston, MA 02108		
	Send duplicate copies of this form to: Local Board of Health		