

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF EGREMONT
 Board Of Health

APPLICATION FOR WELL CONSTRUCTION PERMIT

Date: _____ Fee Paid: _____ Permit #: _____

Name of Applicant: _____

Address: _____ Phone: _____

Address of Proposed Well Location: _____

Tax Map/Lot Number: _____ Type of Building: _____

New/existing

Type of Well: _____

Drinking water/irrigation/closed-loop geothermal/other

If geothermal*: _____
How many points? How deep? DEP approved? Name of additive nearest PWS nearest well

Name of Engineer/Sanitarian: _____ License #: _____

Address: _____

Name of Well Driller: _____ License #: _____

Address: _____ Phone: _____

Electrical work must be performed by a licensed electrician.

This application must be accompanied by a map of the proposed well location (the plan submitted in accordance with Title 5 requirements for septic systems will be acceptable for this purpose.) Map must include a scaled, extended plot plan and be produced by a registered engineer or sanitarian. All items below must be indicated:

(A) Distances Between Well and Possible Sources of Contamination:

<i>Potential Source Of Contamination</i>	<i>Required Minimum Lateral Distance</i>	<i>Actual Distance</i>
Subsurface sewage disposal field/cesspool	100 ft.	_____
Septic tank	50 ft.	_____
Sewer lines and public ways	50 ft.	_____
Property Lines	30 ft.	_____
Driveways	20 ft.	_____
Stables/pastures/feedlots/etc.	150 ft.	_____
Underground fuel storage tanks	200 ft.	_____
Landfill	500 ft.	_____

***geothermal wells can only be converted to drinking water wells if Title 5 setback minimums can be met**

(B) The Existence of Any of the following within 200 feet of proposed well:
 Existing and proposed structures: _____

Subsurface water and subsurface drainage courses: _____

Any other recognizable pollution source: _____

Signed: _____
Applicant

Received by: _____ Date: _____
Agent/ Egremont Board of Health