

Town of Sandisfield Board of Health

66 Sandisfield Rd, Suite 5 * Sandisfield, MA 01255

Well Construction/Decommissioning Permit Application

Copy of Well Driller's Certificate of Registration must accompany application (unless on file with the Board of Health)

Fill out application completely and legibly.

Fee, Payable to "Town of Sandisfield" \$100

Applicant's Name _____ Tel. # _____
 Address _____

Well Driller _____ Ma Reg. # _____
 Company Name _____ Tel. # _____
 Address _____ E-mail _____

Site Location: Address _____ Map # _____ Lot # _____

Check One: New Building Existing Building

A plan of the proposed well location must be submitted with this application.

(Plans submitted per Title 5 requirements would be acceptable)

- Plan must:**
1. Accurately represent the property, including all items 1 - 11 below, usually by being produced by an engineer, survey
 2. Have a scaled, extended plot plan.
 3. Show items 1 through 11 below.

Designer's Name: _____ Tel #: _____
 Address: _____ E-mail: _____

Setback distances from proposed well to contamination sources

Potential Source of Contamination	Required Minimum Lateral Distance	Actual Distance
1. Subsurface leaching field, abandoned, in use or reserve area	150 feet	_____
2. Cesspool or Seepage Pit	150 feet	_____
3. Septic Tank	100 feet	_____
4. Sewer Lines	50 feet	_____
5. Property Lines	30 feet	_____
6. Public Way	50 feet	_____
7. Driveway	20 feet	_____
8. Underground fuel storage tank.	200 feet	_____
10. Utility right of way.	100 feet	_____
11. Stable, barnyard, manure pile, manure storage tank, feedlot.	150 feet	_____

* BOH may require more or less, as necessary

Signature of Applicant

Date of Application

Board of Health Use Only

Well Permit # _____ issued	Date: _____
Water Well Completion Report Received	Date: _____
Water Quality Analysis Report Received	Date: _____
Certificate of Construction Received From Well Driller	Date: _____