



# Town of West Stockbridge

## BOARD OF HEALTH

PO Box 81 West Stockbridge, MA 01266-0081

Tel: 413.232.0300 ext. 314

FAX: 413.232.7195

### APPLICATION FOR A PRIVATE WELL CONSTRUCTION PERMIT

Fee: \$50

Applicant's Name \_\_\_\_\_ Tel. # \_\_\_\_\_  
Address \_\_\_\_\_

Well Driller \_\_\_\_\_ Ma Reg. # \_\_\_\_\_  
Company Name \_\_\_\_\_ Tel. # \_\_\_\_\_  
Address \_\_\_\_\_

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) Be produced by a Registered, Professional, Civil, or Sanitary Engineer or by a Registered Sanitarian.
  - 2) Be stamped with the Engineer's or Sanitarian's name and license number.
  - 3) Have a scaled, extended plot plan.
  - 4) Show items 1 through 11 below.

Setback distances from proposed well to potential contamination sources:

Potential Source of Contamination	Required Minimum Lateral Distance	Actual Distance
1. Subsurface sewage soil absorption system.	150 feet	_____
2. Cesspool or seepage pit.	150 feet	_____
3. Septic Tank	100 feet	_____
4. Sewer Line	50 feet	_____
5. Property Lines	30 feet	_____
6. Public Way	50 feet	_____
7. Driveway	20 feet	_____
8. Underground fuel storage tank.	200 feet	_____
9. Underground liquid propane storage tank.	25 feet	_____
10. Utility right of way.	100 feet	_____
11. Stable, barnyard, manure pile, manure storage tank, feedlot.	150 feet	_____

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date of Application

### Board of Health use only

Application Received \_\_\_\_\_  
Well Permit # \_\_\_\_\_ issued \_\_\_\_\_  
Water Well Completion Report Received \_\_\_\_\_  
Water Quality Analysis Report Received \_\_\_\_\_  
Certificate of Construction Received From Well Driller \_\_\_\_\_

Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_  
Date: \_\_\_\_\_