

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.	100 feet	_____
2. Cesspool or seepage pit.	100 feet	_____
3. Septic Tank	50 feet	_____
4. Sewer Line	50 feet	_____
5. Property Lines	30 feet	_____
6. Public Way	50 feet	_____
7. Driveway	25 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: _____