

No. _____

THE COMMONWEALTH OF MASSACHUSETTS
TOWN OF GREAT BARRINGTON
B O A R D O F H E A L T H

APPLICATION FOR WELL CONSTRUCTION PERMIT

Date: _____ Fee Paid: _____

Name of Applicant: _____

Address: _____ Phone: _____

Proposed Well Location: _____

Tax Map Number: _____ Type of Building: _____

(new/existing)

Name of Engineer/Sanitarian: _____

Address: _____ Phone: _____

License #: _____

Name of Well Driller: _____

Address: _____ Phone: _____

License #: _____

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:

Potential Source of Contamination	Required Minimum Lateral Distance	Actual Distance
Subsurface sewage disposal field/cess pool	150 ft.	_____
Septic tank	100 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.	_____

(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, Great Barrington Board of Health