

Town of Williamstown

Board of Health

Telephone/fax: (413) 458-9344

Well Construction Permit Application

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

Fill out application completely and legibly.

Fee: \$125

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. 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.

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

Setback distance from proposed well to contamination sources

Table with 3 columns: Potential Source of Contamination, Required Minimum Lateral Distance, Actual Distance. Rows include Subsurface sewage disposal pit, Cesspool or seepage pit, Septic Tank, Sewer Line, Property Lines, Public Way, Driveway, Underground fuel storage tank, Underground liquid propane storage tank, Utility right of way, Stable, barnyard, manure pile, manure storage tank, feedlot.

Signature of Applicant

Date of Application

Board of Health Use Only

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