



# Town of Richmond

## Board of Health

Telephone/fax: (413) 698-3355

Fee: \$50

### Well Construction 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.

No. \_\_\_\_\_

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 contamination sources.

Potential Source of Contamination	Required Minimum Lateral Distance	Actual Distance
1. Subsurface sewage disposal pit	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	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	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: _____