



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH

Nicholas Chiusano, Chair Elizabeth Massa

15 Middlefield Street, Chester, MA 01011 413-354-7781 ChesterHealth@comcast.net

\$ 125.00 fee

Application for Well Construction/Decommissioning Permit

All information must be completely filled out or it will be returned

Permit #: _____

Site Address: _____

Assessors Map # _____ Parcel # _____

Applicant: _____ Telephone: _____

Mailing Address: _____

Well Drilling Co: _____ Reg #: _____

→ Copy of Well Driller's License must accompany this application ←

Address: _____

Reason For Well Decommission: _____

Consulting Engineer or Sanitarian (Please Check One)

_____ Civil Engineer Name: _____ License #: _____
_____ Sanitary Engineer Name: _____ License #: _____
_____ Registered Sanitarian Name: _____ License #: _____

A scaled, extended plot plan, showing the proposed or existing well location and drawn to scale, must be attached. Plan must bear the stamp of a registered, professional civil or sanitary engineer or registered sanitarian and include the following. (Plan submitted per Title 5 requirements will be acceptable.)

<u>Potential Source of Contamination</u>	<u>Required Minimum Lateral Distance</u>	<u>Actual</u>
1. Subsurface Sewage Disposal Field	100 Feet	
2. Cesspool or seepage Pit	100 Feet	
3. Septic Tank	50 Feet	
4. Sewer Lines	50 Feet	
5. Property Lines	10 Feet	
6. Public Ways	25 Feet	
7. Driveways	10 Feet	
8. Underground Fuel Storage Tanks	100 Feet	
9. Wetlands/Waterways	100/200 (WPA Permit Required)	
10. Existing and Proposed Structures		
11. Subsurface water and subsurface drainage courses		
12. Other reasonably recognizable sources of pollution		

Applicant Signature _____ Date _____

Approved by: _____ Date _____

Application Disapproved for the following reasons: _____