



TOWN OF
CHESTER, MASSACHUSETTS

01011

BOARD OF HEALTH
15 Middlefield Road
Chester, MA 01011
413-354-7781
BoardofHealth@townofchester.net

Application For Well Construction/Decommissioning Permit

Permit Fee \$125.00

Date: _____ Site Address: _____
Assessor's Map #: _____ Lot#: _____
Name of Owner(s): _____
Mailing Address: _____
Phone: _____ E-Mail: _____

Well Drilling Company: _____
Registration #: _____ Copy of well driller's license must accompany this application
Contact Phone: _____ E-Mail: _____
Address: _____

Reason For Well Decommission: _____
Consulting Engineer or Sanitarian (please check one):
Civil Engineer Name: _____ Lic #: _____
Sanitary Engineer Name: _____ Lic #: _____
Registered Sanitarian Name: _____ Lic #: _____

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		

Signature: _____ Date: _____
Approved by BOH _____ Date: _____

Application Disapproved for the Following Reasons: _____

Please refer to the website for additional requirements and/or contact the Board of Health at 413-354-7781 BoardofHealth@townofchester.net. Checks are to be made payable to the Town of Chester for all permit fees.