

Town of _____

Board of Health

Well Construction/Decommissioning 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.

Fees: Peru: \$100.00 Windsor: \$75 Washington: \$100

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 or Licensed Surveyor.
 2. Be stamped with the Engineer's, Sanitarian's or Surveyor'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

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	10 feet	_____
6. Public Way	25 feet	_____
7. Driveway	20 feet	_____
8. Underground fuel storage tank.	100 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 _____
 Well Permit # _____ issued
 Water Well Completion Report Received _____
 Water Quality Analysis Report Received _____
 Certificate of Construction Received From Well Driller _____

Date: _____
 Date: _____
 Date: _____
 Date: _____
 Date: _____