

TRI-TOWN HEALTH DEPARTMENT

Lee - Lenox – Stockbridge

www.tritownhealth.org

Application for Well Construction/Decommissioning Permit

Application fee: \$125

Please make check payable to the Town in which the work is being done.

Permit # _____		<input type="checkbox"/> New	<input type="checkbox"/> Repair	<input type="checkbox"/> Decommission	<input type="checkbox"/> Irrigation	<input type="checkbox"/> Geothermal
Site Address: _____		Town: _____		Tax Map # _____		Parcel # _____
<u>Owner Information</u>				<u>Licensed Well Driller Information</u>		
Owner Name: _____				Company Name: _____		
Mailing Address: _____				Mailing Address: _____		
City/State/Zip: _____				City/State/Zip: _____		
Telephone: _____				Telephone: _____		
				Registration: # _____		
*Copy of License must accompany this application						

Check One: ☐ New Building ☐ Existing Building

Reason For Well Decommission: _____

Check one: ☐ Civil Engineer

☐ Sanitary Engineer

☐ Registered Sanitarian

Name: _____

License # _____

- A map of the proposed or existing well location must be submitted with this application. Plan submitted per Title 5 requirements will be acceptable for map of proposed well location.

Map must have:

1. A scaled, extended plot plan
2. Show items 1 through 11 below
3. Be produced by a registered, professional civil or sanitary engineer or registered sanitarian.

Distances to possible sources of contamination from proposed well:

Potential Source of contamination	Required Minimum Lateral Distance	Actual Distance
1. Subsurface Sewage Disposal Field	100 Feet	
2. Cesspool or Seepage Pit	150 Feet	
3. Septic Tank	50 Feet	
4. Sewer lines (Constructed of durable corrosion resistant material with watertight joints)	10 feet	
5. Sewer Lines (constructed of any other type pipe)	50 Feet	
6. Property Lines	30 Feet	
7. Public Ways	25 Feet	
8. Driveways	25 Feet	
9. Underground Storage Tanks	200 Feet	

Distances to buildings, roads, etc. (if less than 200 feet)

9. Existing and proposed structures: _____

10. Subsurface water and subsurface drainage courses: _____

11. Other reasonably recognizable sources of pollution: _____

Applicant Signature: _____ Date: _____ Approved by: _____ Date: _____

Note: Fee must accompany application and be returned to Tri-Town Health Department, 45 Railroad Street, Lee, MA 01238

FOR OFFICE USE ONLY

Total Fee: _____ **Invoice #:** _____ **Check #:** _____ **Date:** _____