



# GREENFIELD BOARD OF HEALTH

14 Court Square • Greenfield, MA 01301  
Phone 413-772-1404 • Fax 413-772-2238

Fee paid: \_\_\_\_\_

Permit# \_\_\_\_\_

## WELL CONSTRUCTION PERMIT APPLICATION

New Well    Existing repair    Existing Well destruction or abandonment

Date: \_\_\_\_\_

Applicants name: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Location of property: \_\_\_\_\_

Name of Property Owner (if different than applicant):

\_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Size of lot (acres or square feet): \_\_\_\_\_ Assessor's map & lot: \_\_\_\_\_

Name and license # of well driller: \_\_\_\_\_

Mailing address for well driller: \_\_\_\_\_

Consulting Engineer or Sanitarian: \_\_\_\_\_

License # \_\_\_\_\_ Civil Engineer   \_\_\_ Sanitary Engineer   \_\_\_ Reg. Sanitarian

Is there a residence within 200' of the well? \_\_\_\_\_

**PLOT PLAN SHALL SHOW THE FOLLOWING WITHIN 200 FOOT RADIUS OF THE PROPOSED WELL:**

- EXISTING AND PROPOSED STRUCTURES
- SURFACE WATERS AND SURFACE DRAINAGE COURSES
- SUBSURFACE SEWAGE DISPOSAL SYSTEM (THE ENTIRE SYSTEM)
- SUBSURFACE FUEL STORAGE TANKS
- ANY POTENTIAL SOURCES OF CONTAMINATION
- PROPERTY LINES
- PUBLIC WAYS
- TOPOGRAPHY OF SITE (WELL SHOULD BE LOCATED AT A HIGHER ELEVATION THAN THE SEPTIC SYSTEM AND ANY POTENTIAL SOURCES OF CONTAMINATION)

Plot Plan Attached: \_\_\_\_\_ Yes \_\_\_\_\_ No



*The Town of Greenfield is an Affirmative Action/Equal Opportunity Employer,  
a designated Green Community and a recipient of the "Leading by Example" Award*

**List of potential sources of contamination for private wells**

Please indicate the actual lateral distances of these sources from the proposed well (in feet)

Source	Required (in feet)	Actual (in feet)
Subsurface disposal field	150	
Cesspool, seepage pit	150	
Septic tank	50	
Sewer line	25	
Defined property line	25	
Public way (from def. property line)	50	
Subsurface fuel storage tank	150	
Driveways	15	
Swamps, wetlands, brooks	25	
Dwellings or other structures	25	
Surface or sub-surface drains	25	
Utility Rights-of way	100	
Gas line or overhead electric lines	25	
Stables, feed lots, manure piles	150	

Other potential sources of contamination for the proposed well that can reasonable be expected to be identified:

**NO PERMIT WILL BE ISSUED WITHOUT A SATISFACTORY PLOT PLAN ATTACHED.**

By signing below the applicant acknowledges and understands that the Board of Health issues well drilling permits based on the information provide with the application and accompanying plot plan. The Board of Health expects the site condition and setbacks depicted in the plot plan are accurate and true. Placing a well in a different location than depicted on the plan may invalidate the well.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_



**FOR BOARD OF HEALTH USE ONLY**

APPLICATION APPROVED: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICATION DENIED: \_\_\_\_\_ DATE: \_\_\_\_\_

REASON DOR DENIAL: \_\_\_\_\_ DATE: \_\_\_\_\_

BOARD OF HEALTH MEMBER SIGNITRE:

\_\_\_\_\_ DATE: \_\_\_\_\_

