Town of Lanesborough
Board of Health
Telephone: (413) 442-1167 ext. 28 / Fax: (413) 443-5811
Well Construction 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.

Fee: $100   **No. _____**

Applicant's Name _____   Tel. # _____

Address _____

Well Driller _____   Ma Reg. # _____

Company Name _____   Tel. # _____

Address _____

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.
2) Be stamped with the Engineer's or Sanitarian's name and license number.
3) Have a scaled, extended plot plan.
4) Show items 1 through 11 below.

Setback distances 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	30 feet	_____
6. Public Way	50 feet	_____
7. Driveway	20 feet	_____
8. Underground fuel storage tank.	200 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	Date:	_____
Well Permit # _____ issued	Date:	_____
Water Well Completion Report Received	Date:	_____
Water Quality Analysis Report Received	Date:	_____
Certificate of Construction Received From Well Driller	Date:	_____