

FOOTHILLS HEALTH DISTRICT
Serving Ashfield, Goshen, Williamsburg and Whately
P.O. Box 447, Haydenville, MA 01039-0447
Phone: (413) 268-8404 Fax: (413) 268-8409

APPLICATION FOR WELL CONSTRUCTION OR DECONSTRUCTION PERMIT

(Refer to accompanying instructions and well setback requirements before completing)

1/ Applicant name(s)_____

2/ Address to mail permit (or your fax number): _____

3/ Phone number(s) where you can be reached for questions:_____

4/ Address of property_____

5/ Assessors Map number_____ Lot number_____ (check with assessor)

6/ Do you own the property?____ Yes ____ No (if not, owner's name)_____

7/ Telephone number where owner may be reached if different from above _____

8/ Name of well driller_____ DCR # (check with driller)_____

9/ Method of well construction (check with driller)_____

10/ This is for a: ____ well for new dwelling ____ well for existing dwelling ____ agricultural well
____ repair of an existing well ____ abandonment/decommissioning of an existing well

11/ On the reverse, list the **measured distances to any of the following that are within 200 feet of your desired well location**: existing wells, septic systems, animal barns, manure piles, property lines, underground fuel storage tanks, roads public or private, wetlands, all existing or proposed structures, and location of any percolation tests if any. If none of the above are located within 200 feet of your proposed well, write "none" here:_____

12/ Draw a simple sketch on the reverse side showing the **measured distances within 200 feet** of any of the following: other wells, septic systems, animal barns, manure piles, property lines, underground fuel storage tanks, roads, driveways, wetlands, all existing or proposed structures, and the location of any percolation tests.

13/ Signature of Applicant_____

14/ Today's date_____

If you would like a copy of the town's well regulations please check here_____

Please note, the application will be returned to you if not completed in full.