

Town of Clarksburg Board of Health

Well Construction Permit Application

Copy of Well Driller's Certificate of Registration must accompany application (unless on file with the Clarksburg Board of Health)

Fill out application completely and legibly.

Fee: \$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.
 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.

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: _____