Application must be accompanied with required fee via check made payable to Town of Sheffield



Fee Paid:
Permit Number
Issue Date
<i>Map, Block, Lot</i> #
If Map 15 0r 16, Unit #

Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor, Sheffield, MA 01257-0325 413-229-7000 Ext 157 Fax: 413-229-7010 Email: boh@sheffieldma.gov

Application for Well Construction/Repair Permit

Please submit 4 weeks prior to construction with a copy of the well driller's Massachusetts License.

Name of Applicant / Owner:		Phone #:		
Address:				
Proposed well address:				
Map, Block & Lot #:				Existing Building
Name of Engineer/Sanitarian:				
Address:				
Phone #:				
Name of Well Driller:				
Address:				
Phone #:		Fax #:		
Please Check:				
☐ Electrical work will be performed	by a licensed el	lectrician.		
plan and be produced by a registere (A) Required minimum lateral dista		Well and possible		on: (fill in all blanks)
Potential Source of Contamination	Required Minimum	Actual Distance	Required Minimum	Actual Distance
Subsurface sewage disposal field	100 feet		150 feet	
Cesspool or seepage pit	150 feet		150 feet	
Septic Tank	50 feet		100 feet	
Sewer Lines	50 feet		50 feet	
Property Lines Public way	10 feet 25 feet		30 feet 50 feet	
Driveways	20 feet		20 feet	
Stables, pastures, feedlots, manure	150 feet		150 feet	
Underground Fuel Storage Tanks			130 1001	
	200 feet		200 feet	
(B) The Existence of Any of the Foll				
(B) The Existence of Any of the Foll Existing and proposed structures: Subsurface water and subsurface drain Any other recognizable sources of pol	owing Within		sed Well:	