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



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

Town of Sheffield Board of Health

Town Hall, 21 Depot Square, 2nd Floor, Sheffield, MA 01257 413-229-7000 Ext 157 Fax: 413-229-7010 Email: townhall@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 #:			New Building	Existing Building
-	License #:			
Address:				
Phone #:				
Name of Well Driller:				
4 1 1				
Phone #:		Fax #:		
Please Check:				
Electrical work will be performed	by a licensed el	ectrician.		
☐ This application is accompanied Title 5 requirements for septic syste plans:				
(A) Required minimum lateral dista	nces between ` <u>DEEP WE</u>	-	e sources of contamination <u>SHALLOW</u>	
Potential Source	Required	Actual	Required	Actual
of Contamination	Minimum	Distance	Minimum	Distance
Subsurface sewage disposal field	100 feet		150 feet	
Cesspool or seepage pit	150 feet		150 feet	
Septic Tank	50 feet	. <u> </u>	100 feet	
Sewer Lines	50 feet		50 feet	
Property Lines	10 feet		30 feet	
Public way	25 feet		50 feet	
Driveways	20 feet		20 feet	
Stables, pastures, feedlots, manure	150 feet		150 feet	
Underground Fuel Storage Tanks	200 feet		200 feet	

(B) The Existence of Any of the Following <u>Within 200 Feet</u> of Proposed Well:

(Applicant/Owner) Date:

_____(Applicant/Owner) Date: _____