



TOWN OF SOUTHAMPTON

Southampton, Massachusetts 01073

PERMIT # _____
FEE \$ 200.00

Board of Health WELL CONSTRUCTION OR CLOSURE PERMIT For Potable Water Supplies & Monitoring Wells

Owner's Name _____ Date _____
Owner's Address _____

Well's Address _____

Type of work? () New () Closing () Monitoring # _____
Construction () Drilled () Shallow () Other

Plan showing location of proposed well? LOT DESCRIPTION
() yes () no (plan drawn by Eng. Or San.)

- Well location criteria shall include the following minimum lateral distances from well site to the following. *1

GENERAL LIST

Sub-surface sewage disposal fields (in use, abandoned or reserve area)	100 feet	*2	Septic Tank	50 feet	*2
Sepage Pit	100 feet	*2	Defined Property Line	25 feet	
Sewer Line with watertight joints	25 feet		Driveways	20 feet	
Sub-surface fuel storage tank	150 feet		Right of Ways, Utilities	50 feet	
Right of Ways	20 feet		Landfill present and		
Swamps, marshes, wetlands, flood			Expansion area property		
Plains, brooks, streams, ponds,			line	550 feet	
Lakes or seasonal streams	25 feet	*3	Animal Housing (horses,		
Dwelling or other structure	25 feet		Cattle, ect.)	100 feet	*2
Manure pile	100 feet	*2	Public ways, roads,		
Agricultural Fields in uses			highways, etc.	25 feet	
(Pesticides)	50 feet				

*1 *2 *3 SEE COMPLETE REGULATIONS

Is proposed site located in or near (50') of an Agricultural Land use area? (see DEQE map)
() yes () no

Is copy of Driller's License attached? () yes () no

Installer's Comments: _____

Driller's Name _____

Address _____

Phone Number _____ Driller's Signature _____

By affixing his signature above, the Driller agrees to install or close the described POTABLE WATER SUPPLY for the applicant in Strict Accordance with the system's plan and location. Following all State Sanitary Codes and Local Board of Health Regulations. He agrees further to notify the Board of Health, acting through its Agent to inspect said site after installation or closure.

BOARD OF HEALTH ACTION

() APPROVED () DISAPPROVED () INCOMPLETE

Comments: _____

Signing for Board of Health: _____ Date _____

HEALTH AGENT'S SIGNATURE _____ Date _____

By affixing the signature above, the Board of Health, acting through its Health Agent, Certifies that the Potable Water Supply has been installed or closed according to the provisions of this application as best can be determined by means of the Town's Inspection procedures. Note: That the Board of Health and it's Agent(s) are not responsible for any inadequacies of the system which could not be determined based upon the inspection. Nor shall issuance of this certificate be construed as a guarantee that the Potable Water Supply will function satisfactorily. Form 01/89 wells file; wellreg3