



TOWN OF ERVING

Board of Health

413-422-2800 Ext. 101

12 East Main Street, Erving, MA 01344

Application for Well Permit - Construction or Closure

Fee: \$25.00

Permit #: _____

Owner's Name: _____ Date: _____

Address of Well: _____

Type of Well Work: New Closing Monitoring

Type of well construction: Drilled Shallow Other

YOU MUST ATTACH A PLAN SHOWING LOCATION OF PROPOSED WELL and a copy of WELL DRILLER'S LICENSE

Distance from dwelling or other buildings (existing or proposed): _____ (min. 25')

Distance from property line: _____ (min. 25')

Distance from Driveway (existing or proposed): _____ (min. 20')

Distance from right of Ways/Utilities: _____ (min. 50')

Distance from public roads, highways, etc., _____ (min. 25')

Distance from surface or sub-surface drains: _____ (min. 50')

Distance from septic tank: _____ (min. 50')

Distance from sub-surface sewage disposal fields (in use, abandoned or reserve): _____ (min. 100')

Distance from sewer lines with water-tight joints: _____ (min 25')

Distance from present or past landfill (property line): _____ (min. 550')

Distance from animal housing: _____ (min. 100')

Distance from agricultural fields in use: _____ (min. 50')

Distance from manure piles: _____ (min. 100')

Distance from swamps, marshes, wetlands, flood plains, brooks: _____ (min. 25')

Driller's Name: _____ Reg. #: _____

Address: _____ Phone #: _____

Driller's Signature: _____

<i>Erving Board of Health</i>		
Approved	Rejected	Incomplete Application
Signature for the Board of Health: _____		Date: _____
Water well completion report received: () Yes () No		Date Received: _____
Water quality analysis report received: () Yes () No		Date Received: _____
Yield Analysis Certification: Depth of completed well: _____ ft./Yield of completed well _____ G.P.M.		

By affixing his/her 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 Mass. State sanitary codes and local board of health regulations. He/she agrees further to notify the board of health, acting through its agent, the Eastern Franklin County Health District, of the results of water testing of said well if constructed.

By affixing the signature above, the Erving Board of Health, acting through its Health Agent, certifies that permission has been granted to construct or close the above well. The Erving Board of Health and its Agent(s) are not responsible for any inadequacies of the system which could not be determined prior to, during or after construction, nor shall issuance of this certificate be construed that the Potable Water Supply will function satisfactorily.