

**Town Of Otis
Board of Health
P.O. Box 237
Otis, MA 01253**

Fee: \$100.00

Tel: 413-269-0100, Ext. 104 Fax: 413-269-0104 Email: healthdept@townofotisma.com

Application for Well Construction/Decommissioning Permit
All information must be completely filled out or it will be returned

Permit #: _____

Site Address: _____

Assessors Map # _____ Parcel # _____

Applicant: _____ Telephone: _____

Mailing Address: _____

Well Drilling Co: _____ Reg: #: _____

Copy of Well Driller's License must accompany this application

Address: _____

Reason For Well Decommission: _____

Consulting Engineer or Sanitarian (**Please Check One**)

_____ Civil Engineer	Name: _____	License #: _____
_____ Sanitary Engineer	Name: _____	License#: _____
_____ Registered Sanitarian	Name: _____	License#: _____

A scaled, extended plot plan, showing the proposed or existing well location and drawn to scale, must be attached. Plan must bear the stamp of a registered, professional civil or sanitary engineer or registered sanitarian and include the following. (Plan submitted per Title 5 requirements will be acceptable.)

<u>Potential Source of Contamination</u>	<u>Required Minimum Lateral Distance</u>	<u>Actual</u>
1. Subsurface Sewage Disposal Field	100 Feet	
2. Cesspool or seepage Pit	100 Feet	
3. Septic Tank	50 Feet	
4. Sewer Lines	50 Feet	
5. Property Lines	10 Feet	
6. Public Ways	25 Feet	
7. Driveways	10 Feet	
8. Underground Fuel Storage Tanks	100 Feet	
9. Wetlands/Waterways	100/200 (WPA Permit Required)	
10. Existing and Proposed Structures		
11. Subsurface water and subsurface drainage courses		
12. Other reasonably recognizable sources of pollution		

Please make check payable for \$100.00 to the Town of Otis.

Applicant Signature _____	Date _____
Approved by: _____	Date _____
Well Drillers Signature _____	
Application Disapproved for the following reasons: _____	