



Ryan Paxton, MPH, RS

Director of Public Health

Town of Montague

Board of Health

APPLICATION FOR WELL CONSTRUCTION/DECONSTRUCTION PERMIT

DATE: _____ FEE PAID: \$ _____

NAME OF APPLICANT: _____ PHONE #: _____

ADDRESS OF APPLICANT: _____

LOCATION OF PROPERTY: _____

SIZE OF LOT (acres of square feet): _____ ASSESSOR'S MAP & LOT: _____

NAME OF PROPERTY OWNER: _____

NAME & LICENSE # OF WELL DRILLER: _____

MAILING ADDRESS OF WELL DRILLER: _____

NEW CONSTRUCTION
NEW DWELLING

NEW CONSTRUCTION
OLD DWELLING

REPAIR OF EXISTING
WATER SUPPLY SYSTEM

DESTRUCTION OR ABANDONMENT
OF AN EXISTING WELL

IS THERE A RESIDENCE WITHIN 200' OF THE WELL? _____

SEE SECTION 1.6 AND 1.7 OF THE MONTAGUE WELL REGULATIONS (attached to this application) AND SUPPLY A PLOT PLAN WHICH CLEARLY SHOWS ALL THE REQUIRED SETBACKS.

PLOT PLAN SHALL SHOW THE FOLLOWING WITHIN 200 FOOT RADIUA OF THE PROPOSED WELL:

- EXISTING OR PROPOSED STRUCTURES
- SURFACE WATERS AND SURACE DRAINAGE COURSES
- SUBSURFACE FUEL STORAGE TANKS
- ANY POTENTIAL SOURCES OF CONTAMINATION
- PROPERTY LINES
- PUBLIC WAYS
- TOPOGRAPHY OF SITE (WELL SHOULD BE LOCATED AT A HIGHER ELEVATION THAN THE SEPTIC SYSTEM AND ANY POTENTIAL SOUCES OF CONTAMINATION)

PLOT PLAN ATTACHED: _____ YES _____ NO

*MONTAGUE TOWN HALL • ONE AVENUE A
TURNERS FALLS, MA 01376
PHONE: (413) 863-3200 EXT. 205 • FAX: (413) 863-3225*



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NO PERMIT WILL BE ISSUED WITHOUT A SATISFACTORY PLOT PLAN ATTACHED.

By signing below the applicant acknowledges and understands that the Board of Health issues well drilling permits based on the information provided with this application and the accompanying plot plan. The Board of Health expects the site conditions and setbacks depicted in the plot plan are accurate and true. Placing a well in a different location than depicted on the plan may invalidate the well.

Applicant Signature: _____ Date: _____

FOR BOARD OF HEALTH ONLY

APPLICATION APPROVED: _____ DATE: _____

APPLICATION DENIED: _____ DATE: _____

REASON FOR DENIAL: _____

BOARD OF HEALTH MEMBER OR AGENT'S SIGNATURE:

_____ DATE: _____