



FEE: \$100.00

Town of Stoughton  
Board of Health

**WELL CONSTRUCTION PERMIT APPLICATION**

DIG SAFE #: \_\_\_\_\_  
(must be provided)

DATE: \_\_\_\_\_

**Well Driller's Information**

**Applicant's Information**

Company Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Tel: \_\_\_\_\_

Tel: \_\_\_\_\_

Email: \_\_\_\_\_

Tel: \_\_\_\_\_

Reg#: \_\_\_\_\_

**Well Information Review**

Proposed Well Location: \_\_\_\_\_

o Proposed Construction: \_\_\_\_\_ Driven \_\_\_\_\_ Drilled \_\_\_\_\_

Proposed use of Well: \_\_\_\_\_ Potable \_\_\_\_\_ Non Potable \_\_\_\_\_

Is the lot currently serviced by the Municipal Water Supply Yes \_\_\_\_\_ No \_\_\_\_\_

Distance to nearest source of Pollution: \_\_\_\_\_

Is the proposed well location staked: Yes \_\_\_\_\_ No \_\_\_\_\_ If no, when \_\_\_\_\_

Are all setback distances specified in 3:03 of Well Regulations satisfied? Yes \_\_\_\_\_ No \_\_\_\_\_

**Minimum Lateral Distance** (circle)

<u>Structure/Physical Feature</u>	<u>Distance</u>	<u>Y</u>	<u>N</u>	<u>NA</u>
Septic System (Leaching)	100 Feet	Y	N	NA
Septic Tank	50 Feet	Y	N	NA
Building Sewer	50 Feet	Y	N	NA
Property Line	25 Feet	Y	N	NA
Street Layout	25 Feet	Y	N	NA
Well	50 Feet	Y	N	NA
Subsurface Drain	25 Feet	Y	N	NA

Sewer Main	50 Feet	Y	N	NA
Underground Oil, Gasoline	100 Feet	Y	N	NA
Oil Distribution Line				
Normal high water Mark	25 Feet	Y	N	NA
Lake, Pond, River, Stream, Ditch				
Dwelling, Building	10 Feet	Y	N	NA
Permanent Swimming Pool	10 Feet	Y	N	NA
Animal Pen or Manure Pile	100 Feet	Y	N	NA

**Well heads must be 12 inches minimum above ground and/or 24 inches minimum above flood elevation.**

*All questions must be answered to complete application*

**FOR ALL DRILLED WELLS, A SITE PLAN PROFESSIONALLY STAMPED BY AN RLS OR PE IS REQUIRED.**

**FOR DRIVEN NON POTABLE WELLS, A HAND DRAWN PLAN IS REQUIRED.**

\_\_\_\_\_  
Well Driller's Printed Name

\_\_\_\_\_  
Well Driller's Signature

Application Approved      Yes\_\_\_      No\_\_\_      Other \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Health Agent Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Board of Health Well Regulations can be viewed on line on Town of Stoughton website.**

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OFFICE USE ONLY

Date Received: \_\_\_\_\_

In-Take Person: \_\_\_\_\_

Payment Received: \_\_\_\_\_