



TOWN OF CHILMARK
CHILMARK, MASSACHUSETTS

Board of Health
401 Middle Road
Post Office Box 119
Chilmark, MA 02535
Tel: (508) 645-2105
Fax (508) 645-2110
E-mail: boh@chilmarkma.gov
Hours: 9am to 2pm, M-F

Permit # _____
Fee: \$ 50 pd _____

WELL PERMIT APPLICATION

Application is hereby made for a permit to install a well in accordance with the provisions of the Town of Chilmark Board of Health Regulations, promulgated under the authority of Massachusetts General Law, Chapter 111, section 31, and in conformance with the Private Well Guidelines issued by the Drinking Water Program of the Massachusetts Department of Environmental Protection.

Owner Name: Chesapeake Realty Trust Map: 33 Parcel: 45.1

Owner Address: 16 Red Valley Rd

Applicant Name: Dave G. Schwoch Registration #: MA 559

Phone #: (508) 693-4999 E-mail: dgschwoch@islandwatersource.com

All applications must be accompanied by one copy of a scaled plot plan drawn and sealed by a registered professional engineer or surveyor. The plan must show the lot boundaries, the proposed well, any existing well and all abutter's wells and, within a 150-ft radius, all existing and proposed sewage disposal systems, and all saltwater and freshwater bodies. All required setbacks and separations must be shown on the plan. **All proposed wells must be staked by a registered land surveyor or professional engineer prior to applying for a well permit.** If the well is a replacement well and is to be installed in close proximity to the existing well, the Board of Health may waive the requirement for a new plot plan.

Well staked by: _____ Date: _____

Monitoring well: ___ Replacement well* ___ Additional well ___ Variances Y N
*The well being replaced must be decommissioned in accordance with the procedures outlined in the Private Well Guidelines of the Mass-DEP.

AGREEMENT: the undersigned hereby agrees to comply with the provisions of Chilmark Board of Health Regulations and understands that it is his/her responsibility to file a well completion report, including a Water Quality Report performed by a State certified laboratory as well as a Decommissioning Report where appropriate.

Dave G. Schwoch 11/1/2023
Applicant Signature Date

Well Completion Report date: ___/___/___ Decommissioning Report: ___/___/___

Potability Test: ___/___/___ Inspected by: _____ date: ___/___/___

Well Construction Permit

Permission is hereby granted to: construct ___ decommission ___ a private drinking water well at _____, Map ___ Lot _____.
Construction shall be completed and inspected by the Board of Health or its designee within one year of the date of this permit.

Chair, Board of Health Member, Board of Health

Member, Board of Health Date Permit No.

Conditions and Comments: _____