



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](mailto: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: \_\_\_\_\_ Map: \_\_\_\_\_ Parcel: \_\_\_\_\_

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

Applicant Name: \_\_\_\_\_ Registration #: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

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.

\_\_\_\_\_  
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: \_\_\_\_\_