



## TOWN OF SOUTHAMPTON

BOARD OF HEALTH

210 College Highway, Suite 4  
Southampton, Massachusetts 01073

Tel. 413-529-1003

Fax. 413-529-6847

Email: [healthdirector@townofsouthampton.org](mailto:healthdirector@townofsouthampton.org)

**FEE: \$150.00**

Well Permit Number \_\_\_\_\_ (TO BE ASSIGNED BY BOARD OF HEALTH)

This application must be accompanied by a scaled plot plan, produced by a civil engineer or registered sanitarian showing the minimum distances required in Title 5 of the State Environmental Code. For new construction, requiring a septic system, the septic system plan submitted for the property in compliance with Title 5 requirements will be acceptable if the proposed well location is included.

Application is hereby made to construct ( ) or repair ( ) a private well.

Owner's Name \_\_\_\_\_  
Date \_\_\_\_\_

Street Address \_\_\_\_\_  
Telephone Number \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Location of Proposed Well \_\_\_\_\_  
Tax Map # \_\_\_\_\_ Parcel # \_\_\_\_\_

Well Driller (submit evidence of valid state registration)

**For new construction:**

Septic system plan complies with Title 5: yes ( ) no ( ) n/a ( )

Septic system plan shows location of well: yes ( ) no ( ) n/a ( )

**For new, repair or location to leach field, septic tank**

A scaled well construction plan has been submitted: yes ( ) no ( ) n/a ( )

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

***Submit to:***

Southampton Board of Health  
210 College Highway, Suite 4  
Southampton, MA 01073

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**TO BE COMPLETED BY BOARD OF HEALTH**

Permit expires on: \_\_\_\_\_ (One year from date of  
issuance)

Permit issued (date) \_\_\_\_\_