

DEPARTMENT USE ONLY

PERMIT # _____
CASE # _____
FEE PAID: _____
PERMIT ISSUED BY: _____
SIGNED: _____
DATE ISSUED: _____

TOWN OF SOUTHAMPTON
Southampton Board of Health
210 College Highway, Southampton, MA 01073
Phone: (413) 529-1003 Fax: (413) 529-6847

PERMIT APPLICATION
GROUNDWATER MONITORING WELLS
AND EXPLORATORY OR INJECTION WELLS

A. ASSESSOR'S PARCEL NUMBER _____
Site Name _____
Site Address _____ City _____ Zip _____

B. PROPERTY OWNER _____
Phone _____ Ext. _____ Fax _____
Mailing Address _____ City _____ State _____ Zip _____

C. RESPONSIBLE PARTY _____ Email _____
(The person, persons, or company responsible for the construction, maintenance, and destruction of the proposed borings and/or wells.) Mailing Address _____ City _____ State _____ Zip _____
Contact Person _____ Phone _____ Fax _____

D. CONSULTING FIRM _____
Mailing Address _____ City _____ State _____ Zip _____
Registered Professional _____ Registration # _____
E-mail _____
Contact Person _____ Phone _____ Fax _____

E. DRILLING COMPANY _____ REG.# _____
Contact Person _____ E-mail _____
Mailing Address _____ City _____ State _____ Zip _____
Phone _____ Fax _____
Attach a current Certificate of Insurance (if not on file)

F. CONSTRUCTION INFORMATION

TYPE OF WELLS/ BORINGS TO BE CONSTRUCTED	MATERIALS TO BE USED		PROPOSED CONSTRUCTION
<input type="checkbox"/> # _____ <input type="checkbox"/> Monitoring _____ <input type="checkbox"/> Boring _____ <input type="checkbox"/> Soil Vapor _____ <input type="checkbox"/> Other _____	CASING Type _____ Gauge _____ Diameter _____ Screen Size _____ Filter Pack _____	SEAL/BORING BACKFILL <input type="checkbox"/> Neat Cement <input type="checkbox"/> Cement & Bentonite <input type="checkbox"/> Sand-Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____ Borehole diameter _____	Estimated groundwater depth: _____ ft Estimated depth of boring: _____ ft Concrete seal _____ 0 to _____ Annular seal _____ to _____ Bentonite transition seal _____ to _____ Filter Pack _____ to _____ Perforation _____ to _____
WELLS TO BE DESTROYED <input type="checkbox"/> # _____	Drilling Method <input type="checkbox"/> Auger <input type="checkbox"/> Mud Rotary <input type="checkbox"/> Percussion <input type="checkbox"/> Air Rotary <input type="checkbox"/> Other _____		

NOTE: A detailed and scaled site map with proposed drilling locations and proposed well construction diagrams must be attached to this application.

I hereby certify that I have prepared this application and that the work will be done in accordance with the provisions of the laws of the State of Massachusetts, the regulations of the Town of Southampton, and the rules and regulations of the MA. Department of Environmental Protection.

SIGNED _____ DATE _____
(Owner or Authorized Representative)

G. FEES		
ACTIVITY	FEE SCHEDULE	AMOUNT
Monitoring/Injection Well Construction - Includes Decommissioning	Monitoring/Injection Well.....	\$ 200.00 _____ X ___ #wells
Soil/Geotechnical Boring	Monitoring Borings.....	\$ 200.00 _____ X ___ #wells
Monitoring/Injection Well Decommissioning*	Monitoring/Injection Well.....	\$ 100.00 _____ X ___ #wells
An additional charge may be billed for regulatory oversight of construction activities associated with monitoring wells and soil/geotechnical borings.		
TOTAL COST OF PERMIT		\$ _____

H. QUESTIONNAIRE: Please answer all applicable questions completely.

For well destruction, complete only # 1 below and submit any required supportive documentation.

- What is the purpose of the well/boring investigation?
 - a. An ongoing site assessment case in which a government regulator is the lead agency. If yes, indicate which government regulator is the lead agency, site address, case number, and attach the associated approval letter to the permit application.
 - EPA # _____ MADEP # _____ OTHER # _____
 - Site Address: _____
 - b. Part of a Environmental Site Assessment for property ownership transfer, or;
 - c. Geotechnical investigation for proposed construction, land stabilization, or;
 - d. Other: _____
- For injection wells, list the chemicals to be used, the dates of injection, and the quantities of chemicals to be injected.

Once permitted, the Southampton Board of Health must be notified a minimum of 48 hours in advance of the construction/destruction activities. The Southampton Board of Health reserves the right to inspect field activities but Health Department staff need not be present prior to commencing the work provided that the activity has been properly permitted and the Southampton Board of Health has been sufficiently notified.

****"Destruction" and "decommissioning" of wells shall be synonymous.**