



Aquifer Protection Zone Application for Special Permit

Acton Board of Health
Health Dept. Phone: 978-929-6632
www.acton-ma.gov
health@acton-ma.gov

**Form
A-3**

Applicant: _____ Date: _____

Mailing Address: _____ Phone: _____

Number: _____

Site Address: _____

Aquifer Zone: _____

Site Acreage: _____ acres Distance to Town Well: _____ ft

Proposed Use: _____

Proposed Sewage Design Flow: _____ gpd

-
1. An 8.5" x 11" plan showing the location of the site in relation to the aquifer zones as defined by the most current available Aquifer Protection Map in the Acton Health Department or Acton Planning Department.
 2. A plan at a scale no less than 1" = 40' of the entire site showing all construction (including building, pavement, stormwater detention or drainage and sewage disposal) shall also be submitted.