

Town Offices
215 N. Main Street
North Brookfield, MA 01535

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TOWN OF NORTH BROOKFIELD, MASSACHUSETTS

*Office of the
Board of Health*

Well Construction Permit

Valid for 1 year from date of issuance unless revoked for cause

Fee: **\$50.00**

Date Pd. _____

Check # _____

APPLICANT (if different)

Name _____

Address _____

OWNER OF PROPERTY

Name _____

Address _____

Tel: _____

LOCATION OF WELL

Street or Lot No. _____

WELL INFORMATION

- New
- Replacement
- Approved Plan- Containing property lines and descriptions of visible and prior/current land uses within 200 ft of the proposed well, including but not limited to the following:
 - Existing & proposed structures
 - Subsurface sewage disposal systems/sewer pipes
 - Subsurface fuel storage tanks
 - Public ways
 - Utility rights-of-way
 - Any other potential sources of pollution

WELL CONTRACTOR

Name _____ Address _____

Permit is to be ON SITE at all times that work is taking place.

I hereby agree to comply with all Rules and Regulations of the Town of North Brookfield and the Commonwealth of Massachusetts regarding the installation of wells.

Signature _____ Date _____