



Town of East Brookfield
Board of Health

2024 Well Construction Permit Application

Applicant Name: _____ Date of Application: _____

Applicant Address: _____

Owner of Property

Name: _____

Address: _____

Location of Well

Street or Lot Number: _____

Type of Well: ____ Drilled ____ Dug

Purpose of Well: ____ Drinking Water (Domestic) ____ Irrigation Well

Well Contractor Name: _____

Well Contractor Address: _____

Massachusetts Registration Number: _____

NOTE: WATER TESTING MUST BE PERFORMED BY A MA DEP CERTIFIED LABORATORY FOR ALL
REQUIRED STANDARD DRINKING WATER PARAMETERS

Submit this form and the following:

- Attach a sketch or plan showing the following: The building to be served, property lines, the location of existing, proposed or adjacent sewage disposal systems within 200 feet, sewer lines within 100 feet, and any other information required by the Board of Health or its Agent.
- **Attach a check to cover the fee in the amount of \$105.00 payable to the Town of East Brookfield.**

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

Signature: _____ Date: _____

FOR THE EAST BROOKFIELD BOARD OF HEALTH USE ONLY:

Approved By: _____

Date of Approval: _____

PERMIT #: _____

Permit Expiration Date: _____