ALL BROOM		F THE BOAR		ALTH
RUMASSIN	Telephone: (Street • Brookfield, Mass 508) 867-2930 ext. 22 • I dma.us Email: <u>boardofhe</u>	FAX: (508) 867-50	091
	WELL C	CONSTRUCTION A	PPLICATION	N
Fees: Do	mestic Well - \$100.0	00 🗌 Monitoring Wel	I - \$100.00	
Geo	othermal Well- \$100	.00 🔲 Irrigation Well -	\$100.00	PERMIT #:
Property Owner	rs Name:			
0 11				
Owners Addres	s:			
Address of Wel	l (if different from	n above):		
Assessor's Map	:	Parcel #:	2	Assessors Lot Number:
Well Drillers N	ame:		Company Name	 e:
			1 2	
Address:				
License #:		Phone Number:		
Email:				
Check One:				
	Sewer	1	Cesspool	
Type of Well:		\Box Drinking \Box Mon	itoring $\Box Ge$	eothermal \Box Other
If other explain	type:			
Type of Propert	y: 🗆 Residen	tial Commercial [Industrial	Agricultural Other
Well material (e.g., PVC, steel, et	rc.):		
Estimated diam	eter and depth of	well:		
Strata in which	bottom of well wi	ll be set (e.g., overburd	en soil, bedrock,	, etc.):
Proposed date of	of well installation	:		

Building

Include all structures on the lot, include the location of any present or past land use that may be a source of contamination within 200 feet of the proposed well location including but not limited to: existing and proposed structures, wetlands, subsurface sewage disposal systems, subsurface fuel storage tanks, public ways, utility rights-of-way, or any other potential source of contamination. Also include distances to wetlands (within 100 feet).

Agreement: The above signed Applicant agrees to install the afore described Well in accordance with the provisions of: 1) Brookfield Board of Health "Well Regulations" promulgated under MGL Chapter 111, Section 31; 2) Code of Massachusetts Regulations 313 CMR 3.00; and, 3) Massachusetts Department of Environmental Protection Private Well Guidelines (2001; et seq.). *The Applicant shall comply with all other applicable local, state and federal laws, statutes and* regulations. It is the responsibility of the Applicant to consult with the assigned water district, Conservation Commission and Building Department to determine if any other bylaws or regulations mandate additional requirements or conditions. The above signed further agrees not to place a Water Well in operation until a Certificate of Compliance has been issued by the *Board of Health.*

Signature of Applicant

Date

Permit will not be issued unless certification clause is signed by applicant. Valid for I year from date of issuance unless revoked for cause.

BOH Approval: Date: