



TOWN OF BREWSTER
2198 MAIN STREET
BREWSTER, MA 02631
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 BRHEALTH@BREWSTER-MA.GOV

OFFICE OF
 HEALTH DEPARTMENT

WELL PERMIT APPLICATION

No. _____

Fee: \$60.00

Application is hereby made for a permit to Construct () Repair () Demolish () a well

_____	_____
Location-Address	Map & Lot #
_____	_____
Owner	Address
_____	_____
Driller	Address

Type of building: DWELLING _____ COMMERCIAL _____ OTHER _____
 Well use: CONSUMPTION _____ IRRIGATION _____ MONITOR _____ OTHER _____
 Design Capacity of Water System: _____
 Nature of repairs/alterations: _____
 Driller Registration #: _____ Site plan included: _____

AGREEMENT: The undersigned agrees to install the aforescribed well in accordance with the provisions of the Town of Brewster regulations for Private Wells. The undersigned further agrees not to place the system in operation until a Certificate of Compliance has been issued by the Board of Health.

Signed: _____ Date: _____

Application approved by: _____ Date: _____

Application disapproved for the following reasons: _____

PERMIT EXPIRES SIX (6) MONTHS FROM DATE OF ISSUE

CERTIFICATE OF APPROVAL

Lab report _____ Completion report _____ Certified Plot Plan _____ Pump Test _____

This is to certify that the well constructed () Repaired ()

By: _____ At: _____
 Driller Location

Has been installed in accordance with the provisions of the Town of Brewster Regulations for Private Wells application for Well Permit No: _____ Dated: _____

THE ISSUANCE OF THIS CERTIFICATE SHALL NOT BE CONSTRUED AS A GUARANTEE THAT THE SYSTEM WILL FUNCTION SATISFACTORILY.

Date: _____ Inspector: _____

BREWSTER BOARD OF HEALTH PERMIT

No. _____

Permission is hereby granted _____

to Construct () Repair () Demolish () a well at: _____

As shown on the application for well permit No. _____ Dated: _____

Date: _____

Board of Health _____