



TOWN OF BRIMFIELD
COMMONWEALTH OF MASSACHUSETTS
BOARD OF HEALTH

23 Main Street
PO Box 76
Brimfield, MA 01010
(413) 245-4100 x3
(413) 245-4107 Fax

**APPLICATION FOR THE ABANDONMENT
OF A PRIVATE WELL**

Well Destruction Requirements:

I. Applicant's name, address and telephone #: _____

II. Specific location of the well to be destroyed (street address, parcel ID): _____

Applicant must attach a sketch indicating location of abandonment with respect to permanent landmarks (house, septic system, etc.)

III. Please describe the procedure and materials used to abandon the well: _____

IV. Written statement from the well owner that the well is abandoned:

I _____ hereby certify that the well described in this document has been abandoned in such a manner as to prohibit its use as a private drinking water supply.

Signature: _____

Date: _____

This document must be submitted to the Brimfield Board of Health office within 30 days of well closure.