

**TOWN OF WENHAM
BOARD OF HEALTH**

Fee: _____

Date: _____

APPLICATION FOR WELL AND PUMP PERMIT

Permit #: _____

Application is hereby made for a permit to drill () or repair () a well. Application is also made to install () major renovation () or major repair () of pump system.

Location: Address _____ Lot # _____
Owner _____ Phone _____
Address _____
Well Contractor _____ Phone _____
Address _____
Commonwealth of Massachusetts Registration # _____
Pump Contractor _____ Phone _____
Address _____

WELL CONTRACTOR (To be filled in at time of pump test)

Type of Well _____ Well used for _____
Diameter of Well _____ Size of Casing _____
Depth of Bedrock _____ Depth of Casing into Bedrock _____
Was Seal Tested? Yes () No () Date of Testing _____
Depth of Well _____ Well Ended in What Material _____
Depth to Water _____ Delivers _____ Gallons/per minute
Drawdown _____ feet after pumping _____ hours at _____ GPM.
You must sketch a map of the well location with the tie down lines on the reverse side of this form.

Date of Completion: _____
Well Contractor's Signature _____

PUMP INSTALLER (To be filled in before installation)

The well shall be pumped for a period of four hours at a constant drawdown water level.

Size and Name of Pump _____ Type of Pump Used _____
Water Pump Delivers _____ GPM Size of Tank _____
Pipe material used in Well: Cast Iron () Galvanized () Plastic () If plastic, test strength _____
Well pit () or Pitless adapter ()
Was sleeve used to protect pipe? Yes () No () Type or Name of Well Seal _____
Date _____
Pump Installer's Signature _____

Date water analysis report submitted to Board of Health _____
Date release was given to owner of record and Building Inspector _____

Gregory P. Bernard, Health Agent
978-468-5520 ext. 4
gbernard@wenhamma.gov