

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 Bed Rock _____ Depth of Casing into Bed Rock _____

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 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 _____

JOHN JACOBI
Health Inspector