

BOARD OF HEALTH

Permit No. \_\_\_\_\_

Date \_\_\_\_\_

APPLICATION FOR WELL AND PUMP PERMIT

Application is hereby made for a permit to drill ( ) or repair ( ) a well.

Application is also made to install ( ) major renovation ( ) major repair ( ) of pump system.

Location: Address \_\_\_\_\_ Lot Number \_\_\_\_\_

Owner: \_\_\_\_\_ Address \_\_\_\_\_

Well Contractor: \_\_\_\_\_ Address \_\_\_\_\_

Pump Contractor: \_\_\_\_\_ Address \_\_\_\_\_

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

Type of Well \_\_\_\_\_ Well Used For \_\_\_\_\_

Diameter of Well \_\_\_\_\_ Size of Casting \_\_\_\_\_

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 of Water \_\_\_\_\_ Deliver \_\_\_\_\_ Gallons/Per/Minute

Drawdown \_\_\_\_\_ feet after pumping \_\_\_\_\_ hours at \_\_\_\_\_ GPM, Sketch map of Well location  
with tie down lines on reverse side of this form.

PUMP INSTALLER (To be filled in before installation)

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 ( ) Pump Set at \_\_\_\_\_ feet

Was sleeve used to protect pipe? Yes ( ) No ( ) Type or Name of Well Seal \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Pump Installer's Signature

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Date Water Analysis report submitted to Board of Health \_\_\_\_\_

Date release was given to owner of record and Building Inspector \_\_\_\_\_

\_\_\_\_\_  
Health Inspector