



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 () renovate () or repair () pump system.

LOCATION/ADDRESS

LOT NO.

OWNER _____ ADDRESS _____

WELL CONTRACTOR _____ ADDRESS _____ TELE. _____

PUMP CONTRACTOR _____ ADDRESS _____ TELE. _____

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 _____ gallons/per minute

**Sketch map of well location with the 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 pit-less 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 _____