



Board of Health
Town of Merrimac

Fee: \$150

APPLICATION for WELL and PUMP PERMIT

Permit No. _____ Date _____

Application is hereby made for a permit to **drill** () or **repair** () a well. [Include a signed site plan.]
Application is also made to **install** () **major renovation** () or **major repair** () of pump system.
[Obtain an electrical permit].

Location: Address _____ Map/Block/Lot Number _____

Owner _____ Address _____

Well Contractor _____ Address _____

Pump Contractor _____ 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. On reverse side of
this form, sketch map of well location with tie down lines.

Date of completion _____
Well Contractor's Signature _____

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 ()

Was sleeve used to protect pipe? YES () NO () Type or name of Well Seal _____

Date _____
Pump Installer's Signature _____

Date water analysis report (including arsenic) was submitted to Board of Health.

Date release was given to owner of record and Building Inspector _____
Well Inspector's Signature _____