



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

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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