

**TOWN OF HAMILTON, MASSACHUSETTS
BOARD OF HEALTH**

Permit # _____

Date: _____

Fee: \$200.00

APPLICATION FOR PRIVATE WELL PERMIT

Application is hereby made for a permit to drill () repair () a well on the property identified below:

Location: Address _____ Assessor's Map# _____ Lot # _____

Property Owner Name _____ Phone # _____

Property Owner Address _____

Well Contractor Name _____ Phone # _____

Well Contractor Address _____

Type of Well _____ Well Used For _____

Instructions: Application must be approved by Board of Health PRIOR to drilling of well.

Upon completion of well, the attached information sheet shall be completed by the well contractor and pump installer and returned to the Board of Health.

In the space below, please sketch lot and proposed well location, including relevant distances of well to streets, septic tank, leaching field and structures on lot.

Application approved by _____

Date: _____

TOWN OF HAMILTON

Permit No. _____

Date _____

APPLICATION FOR WELL AND PUMP COMPLETION

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: _____ Lot Number _____

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. Sketch map of well location with tie down lines on reverse side of this form.

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 submitted to Board of Health _____

Date release was given to owner of record and building Inspector _____

Date _____ Signature of Health Agent _____