



## ***Georgetown Board of Health***

1 Library Street Georgetown, MA 01833- Tel. 978-352-5720  
Fax. 978-352-5714

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### **Application for Well and Pump Permit**

**Fee: \$100.00**

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

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: Address \_\_\_\_\_ 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 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.

Date of Completion \_\_\_\_\_

Well Contractor's Signature \_\_\_\_\_



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### **Pump Installers (To 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 \_\_\_\_\_

Water Quality Reports Must be submitted to Board of Health. All wells must be a minimum of  
100 ft. from leaching & reserve area on lot adjoining lot.

Date of Completion: \_\_\_\_\_  
Pump Installer's Signature \_\_\_\_\_