

WRENTHAM BOARD OF HEALTH

The Following information must be supplied to the Board of Health for its review before any approval can be given for use of the well and/or occupancy permit:

Well and Pump Test Data: Must be signed by well contractor and company performing pump test, also, if different.

LOCATION: _____

DATE OF PUMP TEST: _____

DEPTH OF WELL: _____

DEPTH OF LEDGE BELOW SURFACE GRADE: _____

DEPTH OF CASING: _____

DIAMETER OF WELL: _____

DEPTH OF STATIC WATER LEVEL BELOW GRADE BEFORE TEST: _____

STATIC WATER LEVEL DEPTH AFTER 24 HOURS: _____

WELL YIELD IN GPM DURING PUMP TEST: _____

Start pumping at: _____ at rate of _____ GPM

Stopped pumping at: _____ at rate of _____ GPM

DEPTH OF PUMP DURING PUMP TEST _____

SIZE OF PUMP FOR PUMP TEST (H.P.) _____

DEPTH OF PUMP TO BE INSTALLED FOR HOUSE _____

SIZE OF PUMP BE TO BE INSTALLED FOR HOUSE _____

Name of Well Drilling Company: _____
(Must be registered with Mass. Water Resources Commission)

Name of Company performing pump test: _____

Casing sealed with: _____

The following Bacteriological & Chemical Analysis must be performed on a sample taken from a tap in the building.

Total Bacteria Count @ 35 C.	Manganese	Chloride
Total Coliform per 100 ml	PH	Sodium
Ammonia Nitrogen	Color	Iron, Total
Nitrite Nitrogen	Odor	Alkalinity
Nitrate Nitrogen	Turbidity	Lead
Total Hardness	Arsenic	Volatile Organics (EPA 624)

Other parameters may be required on a case by case basis if deemed to be necessary by the Board of Health