(Appendix A)

WELL/PUMP APPLICATION

TOWN OF MEDWAY BOARD OF HEALTH

Permit No._____

Fee: $150.00 Made payable to "Town of Medway" Check #_____ Date: _____

(Please print)

ADDRESS of property: _____

Assessor's Map: _____ Parcel: _____

____Town Sewer or ____Private Septic System

Name of Well Drilling Company: _____

Well Driller Certification Number: _____

Phone Number: _____

Email:_____

_____

Well Driller's Signature

Property Owner: _____

Address: _____

Phone Number: _____

Email:_____ _____

Owner's Authorization

WELLS (to be completed at time of pumping test)

Type of well: _____ Use: _____

Diameter of well: _____ Size of casing: _____

Depth to bedrock (BGS): _____ Depth of casing into bedrock: _____

Seal been tested: Yes ( ) No ( ) Date of test: _____

Depth of well: _____ Water-bearing rock: _____

Depth to static water level (BGS): _____ Delivers: _____ GPM for: _____ (how long)

Drawdown: _____ ft (BGS) after pumping _____hours at: _____GPM

Date of completion: _____

_____

Well Driller's signature

PUMPS (to be filled in before installation)

Name and size of pump: _____ Type: _____

Size of tank: _____ Pump delivers: _____GPM

Pipe used in well: _____ Cast Iron____ Galvanized____ Plastic____

Sleeve used to protect pipe? Yes____ No____ Type of well seal: _____

Date: _____ _____

Pump Installer's signature

Date water analysis report submitted to Health Department: _____

_____	_____	_____	_____
Plumbing Inspector	Wiring Inspector	DPS	Health Dept.