



TOWN OF MEDWAY
Board of Health
155 Village Street
Medway, Massachusetts 02053
508.533.3206

FOR OFFICE USE ONLY
Permit No: _____
Check No: _____
Amount: _____
Date Rec'd: _____

Well / Pump Application
(Appendix A)

Amount to submit with application: \$150.00
Checks can be made payable to "Town of Medway"

Property Owner Information

Name: _____

Address: _____

Contact Number: _____ Email: _____

Property Information

Address: _____ Medway, MA 02053

Assessor's Map: _____ Parcel: _____ Town Sewer: _____ Private Septic: _____

Well-Drilling Information

Well Drilling Company Name and Town: _____

Well Driller Certification Number: _____

Phone Number: _____ Email: _____

Well Driller's Signature: _____ Date: _____

Property Data

Owner Name: _____

Street Address: _____ Lot #: _____

Contact Number: _____

Pumps (to be completed **PRIOR** to installation)

Name & size of pump:	Type:
Size of tank:	Pump delivers: _____ GPM:
Pipe used in well:	Type?: <i>Circle Pipe Type</i> Cast Iron Galvanized Plastic
Sleeve used to protect Pipe? <i>Circle one</i> Yes No	Type of well seal:

Pump Installers Signature: _____ Date: _____

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? <i>circle one</i> YES NO	Date of test:
Depth of well:	Water-bearing rock:
Depth to static water level (BGS):	Delivers:
GPM for: <i>(how long?)</i>	Date of service:
Drawdown: _____ Ft. (BGS) after pumping for: _____ hours at: _____ GPM	

Date water analysis report was submitted to BOH: _____

Signature of BOH Representative: _____