



Georgetown Board of Health

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

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 _____



Georgetown Board of Health

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

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 _____