

# HOLLISTON 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:*

## WELL AND PUMP TEST DATA:

- Must be signed by well contractor and company performing pump test
- The well should be pumped for a period of four (4) hours at a fairly constant drawdown water level.  
Record the following:

Location: \_\_\_\_\_ Date of test: \_\_\_\_\_

Well depth: \_\_\_\_\_ ft. Well diameter: \_\_\_\_\_ in. Depth of ledge below surface grade: \_\_\_\_\_ ft

Depth of casing: \_\_\_\_\_ ft. Type of seal: \_\_\_\_\_

### **Depth of water level below ground surface:**

Before test: \_\_\_\_\_ ft. End of test ( 4 hrs.): \_\_\_\_\_ ft. After 24 hours: \_\_\_\_\_ ft.

### **Pumping Rate:**

Started pumping at \_\_\_\_\_ at rate of \_\_\_\_\_ GPM Stopped pumping at \_\_\_\_\_ at rate of \_\_\_\_\_ GPM

**During Pump Test:** Depth of Pump: \_\_\_\_\_ ft. Size of Pump: \_\_\_\_\_ hp

Depth of pump to be installed for house: \_\_\_\_\_ ft. Size of pump to be installed for house: \_\_\_\_\_ hp

**NAME OF WELL DRILLING CO.:** \_\_\_\_\_  
(Must be registered with Commonwealth of MA)

Phone #: \_\_\_\_\_ Authorized signature: \_\_\_\_\_

**NAME OF COMPANY PERFORMING PUMP TEST:** \_\_\_\_\_

Authorized signature: \_\_\_\_\_

## **THE FOLLOWING BACTERIOLOGICAL AND CHEMICAL ANALYSES MUST BE PERFORMED USING SAMPLE TAKEN FROM TAP IN THE BUILDING:**

*(Additional parameters may be required on a case by case basis if deemed necessary by Board of Health)*

Total Coliform Bacteria	Chloride	Turbidity
Total Bacteria	Sodium	Odor
Ammonia Nitrogen	Total Iron	pH
Nitrite Nitrogen	Manganese	Total Alkalinity
Nitrate Nitrogen	Color	Total Hardness
Volatile Organics-EPA 524/624		