## TOWN OF NORTH READING HEALTH DEPARTMENT

## 235 North Street NORTH READING, MASSACHUSETTS 01845

Robert F. Bracey Public Health Director



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Well and/or Pump Ap (Please print)	<u>plication</u>	DATE:	DATE:	
LOCATION to Drill Well or in	stall a pump:			
Licensed Well Contractor Nam	e and Company	Name:		
Contact Phone Numbers:		Email:		
DigSafe Number (72 hours pri	or to digging):_			
Homeowner:			<u></u>	
Address:			<u> </u>	
Contact Phone Numbers:				
WELLS (to be completed at time of pu	mp test)			
Type of well:		Use:	<u></u>	
Diameter of well:		Size of Casing:		
Depth of bedrock:		Depth of casing into bedrock:		
Seal been tested? Yes ( ) No (	) Date	of test:		
Depth of well:Water-		-bearing rock:		
Depth of water:	Delivers:	<b>GPM for:</b>		
Drawdown:	feet after pumpi	ing: hours at:	(how long) GPM	
Date of Completion:				
PUMPS (To be filled in before inst	tallation)			
Name & size of Pump:		Type:		
Size of Tank:		Pump delivers:	GPM	
Pipe used in well:	Cast Iron	GalvanizedPlastic	<u> </u>	
Sleeve used to protect pipe?	Yes	NoType of well seal:	<u> </u>	
Date:				

Signature of Pump Installer

Date water analysis report sub	mitted to Health Department:	
Plumbing	Wiring Inspector	Health Department Representative
DPW Director	Water Superintendent	
Town of Nortl	n Reading RE: Applicat	tions for a permit to drill a well
Before a permit ca following:	n be issued, you must have your	contractor submit the
footprint	ne Health Department a site plan so	showing the house and or lot
<ul><li>3. Indicate any</li><li>4. Indicate any</li><li>5. Indicate the</li></ul>	wetlands within 200 feet of the particle systems within 200 feet of proposed well location eck for \$50.00 with the application	f the proposed well location
required to file wi	als must be drawn to scale. Pleath the Conservation Commission do to the Planning Board if you are	if wetlands are near to the

Revised 9/2/2020

**Conservation Agent**