

Town of Wakefield
Board of Health
William J. Lee Memorial Town Hall
One Lafayette Street
Wakefield, MA. 01880
Tel. (781) 246-6375 Fax. (781) 224-5018



(Please Print)

INFORMATION SHEET FOR WELL AND PUMP PERMIT

Location Address: _____ Assessor's Map # _____ Lot # _____

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: _____ Delivers: _____

Drawdown _____ fee 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: _____

PUMP INSTALLER (To be 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 Pit Less Adapter ()

Was sleeve used to protect pipe? YES () NO () Type or name of Well Seal: _____

Pump Installer's Signature: _____ Date: _____

Date water analysis report submitted to Board of Health: _____

Date release was given to owner of record and Building Inspector: _____

Signature of Board of Health: _____