

**SHERBORN BOARD OF HEALTH**

*The following information must be supplied to the Board of Health for its review before any approval can be given for the use of the well:*

**WELL AND PUMP TEST DATA** (Must be signed by Well Contractor and by the company performing the pump test):

The well should be pumped for a period of four (4) hours at a fairly constant draw down water level. Record the following:

LOCATION: \_\_\_\_\_ DATE OF TEST: \_\_\_\_\_  
WELL DEPTH: \_\_\_\_\_ Feet WELL DIAMETER: \_\_\_\_\_ Inches  
DEPTH OF LEDGE BELOW SURFACE GRADE: \_\_\_\_\_ Feet  
DEPTH OF CASING: \_\_\_\_\_ Feet TYPE OF SEAL: \_\_\_\_\_  
DEPTH OF WATER LEVEL BELOW GROUND SURFACE BEFORE ANY PUMPING: \_\_\_\_\_ Feet  
BEFORE TEST: \_\_\_\_\_ Feet  
AT END OF TEST (4 Hours): \_\_\_\_\_ Feet  
PUMPING RATE (SHOULD BE CONSTANT THROUGHOUT TEST):  
STARTED PUMPING AT \_\_\_\_\_ AT RATE OF \_\_\_\_\_ GPM  
STOPPED PUMPING AT \_\_\_\_\_ AT RATE OF \_\_\_\_\_ GPM  
DURING PUMP TEST: DEPTH OF PUMP: \_\_\_\_\_ Feet SIZE OF PUMP: \_\_\_\_\_ HP  
DEPTH OF PUMP TO BE INSTALLED FOR HOUSE \_\_\_\_\_ Feet  
SIZE OF PUMP TO BE INSTALLED FOR HOUSE \_\_\_\_\_ HP

NAME OF WELL DRILLING COMPANY: \_\_\_\_\_  
(Must be registered with the Commonwealth of Massachusetts)

Authorized Signature: \_\_\_\_\_

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

Authorized Signature: \_\_\_\_\_

**TWO (2) REQUIRED WATER ANALYSIS REPORTS:**

*The following Bacteriological and Chemical Analyses must be performed by a Massachusetts DEP certified laboratory, and results submitted to the Board of Health. The first sample is to be taken at the well head and the second sample is to be taken from a tap in the building.*

Total Coliform Bacteria  
Total Bacteria (HPC)  
Ammonia Nitrogen  
Nitrite Nitrogen  
Nitrate Nitrogen  
Chloride  
Sodium  
Lead  
Arsenic

Total Iron  
Manganese  
Color  
Turbidity  
Odor  
pH  
Total Alkalinity  
Total Hardness  
Volatile Organic Compounds (EPA 524 testing method)

Other parameters may be required on a case-by-case basis if deemed to be necessary in the opinion of the Board of Health.