



TOWN OF PELHAM

WELL PERMIT

FORM#HLT002-V1-10/01/2024

DRILLING & TESTING RESULTS

(RETURN TO THE TOWN OF PELHAM AT ADDRESS BELOW)

DATE: _____

PERMIT NO: _____

MAP & LOT: _____

LOCATION OF PROPERTY: _____

NAME OF APPLICANT, It's: _____

NO CERTIFICATE OF OCCUPANCY WILL BE ISSUED UNTIL ALL WATER TEST AND WELL INSTALLER'S REPORTS HAVE BEEN RECEIVED ALONG WITH THIS PERMIT BY THE BUILDING DEPARTMENT.

A NH CERTIFIED LABORATORY SHALL PERFORM SAMPLING AND TESTING FOR WATER QUALITY. THESE WATER QUALITY TESTS ARE FOR INFORMATIONAL PURPOSES ONLY AND SHALL INCLUDE THE FOLLOWING:

TOTAL COLIFORM ☐ NITRATE & NITRITE ☐ IRON ☐ MANGANESE ☐ CHLORIDES ☐ ARSENIC ☐

OTHER BACTERIA ☐ TURBIDITY ☐ SODIUM ☐ PH ☐ LEAD ☐ HARDNESS ☐ RADON ☐

*VOC SCREEN (VOLATILE ORGANIC COMPOUNDS) ☐ *Note it takes approximately two weeks to get VOC test results so plan accordingly

I hereby certify that this well is located in accordance with the plot or sewage disposal plan.

SIGNATURE OF INSTALLER: _____

RETURN TO: Pelham Planning Department – 6 Village Green - Pelham NH 03076



TOWN OF PELHAM

WELL PERMIT

DATE: _____

PERMIT NO: _____

MAP & LOT: _____

FEE: _____

LOCATION OF PROPERTY: _____

NAME OF OWNER: _____

WELL COMPANY: _____ PHONE: _____

ADDRESS: _____
 (Street Name & No.) (City) (State) (Zip)

STATE LICENSE NO: _____ EXPIRATION DATE: _____

TYPE OF WELL: Cable ☐ Rotary ☐ Jetted ☐ Driven ☐ Bored ☐ Dug ☐

USE: Residential ☐ Commercial ☐ Public Supply ☐ Test Well ☐

I hereby make application for a well permit and agree to make such installation as to conform with all provisions as set forth in the applicable ordinances of the Town of Pelham and the State of New Hampshire.

Printed Name of Representative _____

Permit Clerk _____

Signature of Representative _____



TOWN OF PELHAM WATER SUPPLY WELL REPORT RECOVERY RATE AND SUSTAINED YIELD

Property Address:

Map & Lot #:

Permit Number:

Permit Issued Date:

Name of Well Driller:

Address:

Phone #:

License #:

Well Drill Date:

Pump Test Date:

Total Pump Test Time:

MUST BE SUBMERSIBLE PUMP METHOD

Start Time:

☐ am ☐ pm

End Time:

☐ am ☐ pm

Static Water Level at Start Time:

ft.

Drawdown:

ft.

Specific Capacity: well yield (GPM) ÷ feet of drawdown =

GPM/feet of drawdown

INITIAL TEST		Water Level
TIME		
Hour 0.5:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 1.0:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 1.5:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 2.0:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 2.5:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 3.0	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 3.5	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 4.0	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 4.5 If needed	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 5.0 If needed	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 5.5 If needed	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 6.0 If needed	<input type="checkbox"/> am <input type="checkbox"/> pm	

Every well that has been deepened or hydro-fractured to increase its sustained yield after being drilled and/or initially tested shall be pump tested in accordance with Section 3 of the Town of Pelham Well Ordinance.

Name of Company that Hydro-fractured: _____

Address: _____

Phone #: _____

License #: _____

GPM Prior to Hydrofracturing: _____

GPM After Hydrofracturing: _____

of Gallons Introduced: _____

of Gallons removed prior to pump test: _____

POST FRACKING IF APPLICABLE		Water Level
TIME		
Hour 0.5:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 1.0:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 1.5:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 2.0:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 2.5:	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 3.0	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 3.5	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 4.0	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 4.5 If needed	<input type="checkbox"/> am <input type="checkbox"/> pm	
Hour 5.0 If needed	<input type="checkbox"/> am <input type="checkbox"/> pm	

I hereby certify that the above referenced static level per Section 3.2 of the Well Ordinance is a minimum of 90% of the pretest level or 960 gallons above the pump.

I hereby certify that the above referenced well has a recovery rate of _____GPM.

I further certify that the PUMP TESTING for the above referenced well has a sustained yield of _____GPM over a minimum of a 4-hour period and the above meets or exceeds the current requirements of the State of New Hampshire and the Town of Pelham Well Ordinance adopted by the Town of Pelham Board of Health on _____.

As the licensed well driller, I hereby certify that the information provided in this report is accurate and complete to the best of my knowledge. I take full responsibility for the data, observations, and conclusions presented herein.

Printed Name of Well Installer: _____

Signature of Well Installer _____

Date _____