



# TOWN OF PELHAM

Office of the Selectmen

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## BOARD OF HEALTH RESIDENTIAL / COMMERCIAL WATER SUPPLY REGULATIONS WELL ORDINANCE FOR NEW CONSTRUCTION

FORM#HLT001V1-10/01/2024

The Board of Health of the Town of Pelham, N.H., acting under RSA 147, has, in the interest of and for the preservation of the public health, and to provide for adequate and safe wells, duly made and adopted, on May 16, 2000 and revised October 1, 2024 the following regulations:

### SECTION 1: Definitions

1. **DRAWDOWN:** The change of static water level caused by pumping measured as the difference between the initial static water level and the static water level at a particular location in the well after a specific period of pumping.
2. **DWELLING UNIT:** One (1) or more rooms arranged for living and sleeping purposes with cooking and sanitary facilities for the use of one (1) or more individuals living as a single housekeeping unit.
3. **FLOW RATE:** The measurement of the gallons per minute coming from a well.
4. **HYDROFRACTURING:** A well development technique capable of utilizing a minimum water pressure of 2000 pounds per square inch and minimum pumping flow rate of 35 gallons per minute and one or more inflatable or mechanical packers to flush out or expand fractures within a well.
5. **NEW CONSTRUCTION:** A new residential dwelling or commercial structure which has not been granted a Certificate of Occupancy. This excludes the expansion or replacement of existing residential or commercial structures erected prior to August 6, 2013.
6. **POTABLE WATER:** Water of a quality suitable for drinking
7. **RECOVERY RATE:** The rate, in gallons per minute, at which water in the well returns to its static water level after the pump is turned off. The recovery rate is another estimate of well yield.
8. **STATIC WATER LEVEL:** The distance from the land surface to the water in the well under non-pumping (static) conditions.

9. **SUSTAINED YIELD:** the amount of water that can be pumped from the well continuously over a measured period of time without causing damage to the well, too much drawdown, or causing the well to go dry.
10. **WATER SYSTEM:** Includes pipes, valves, fittings, tanks, pumps, motors, switches, controls and appurtenances installed or used for the purpose of storage, distribution, filtration, treatment or purification of water.
11. **WELL:** Includes any pit, pipe, excavation, casing, drill hole or other source of water to be used for any purpose of supplying potable water within the Town of Pelham, NH.

## **SECTION 2: Wells**

1. No well shall be installed for new construction until a well permit has been issued by the Planning Department Director or designee (see Appendix A). The fee for this permit will be consistent with the prevailing Planning Department Fee Schedule.
2. The well contractor licensed under [NH RSA 482-B](#) shall observe reasonable sanitary measures and precautions in the performance of his/her work in order to prevent pollution or contamination of the well.
3. For new construction, there shall be a separate well for each individual parcel except in the case of water systems operating under a New Hampshire State Public Utilities Commission franchise, private water systems owned by a homeowner's association or wells serving commercial structures.
4. All wells for new construction shall be set back a minimum of seventy-five (75) feet from all septic tanks and leaching fields. Additionally, all wells for new construction shall be set back fifty (50) feet from the nearest edge of all existing traveled ways or rights-of-way and a minimum of seventy-five (75) feet from all lot lines (to avoid property encroachment) unless a [NH Well Water Board Setback Reduction Form](#) for Protective Well Radii has been executed and recorded by the owner of the well. The distance from a well to a septic tank may be reduced to fifty (50) feet if the sewer line meets a standard dimensional ratio (SDR) rating of 26 or better, and the septic tank is sealed and grouted to prevent infiltration and exfiltration.
5. Burial of tree stumps, brush, and or construction materials shall not be located within the protective well radius.

## **SECTION 3: Capacities**

1. Every well must supply adequate water for the purpose for which it is intended.

2. All wells shall be pump tested regardless of depth to determine sustained yield. The sustained yield shall be not less than four (4) gallons per minute over a four (4) hour period. In all cases the pump test shall be completed using a **submersible pump**. Groundwater level measurements shall be recorded immediately before the start of the pump test for static groundwater level, and at least once every thirty (30) minutes during the pump test. In addition, the static groundwater level shall be measured within twenty-four (24) hours after the pump test and shall demonstrate static water level recovery after the pump test to be at least ninety percent (90%) of the pretest level or be able to provide 960 gallons above the pump. All results from pump testing must be certified by the tester and so evidenced on the well data sheet provided to the building department. In addition to the parameters of this section, the recovery rate of the well shall be demonstrated on the “Recovery Rate and Sustained Yield” form submitted to the Planning Department (see Appendix A).
3. 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 after the total amount of water introduced into the well for fracking purposes has been removed from the well in accordance with section 3.2 above after the deepening or hydro-fracture effort to meet pump test requirements of this section.
4. All requirements of Section 3 must be satisfied **prior to** issuance of a building permit.

#### **SECTION 4: Water system**

All wells to be used as a potable water source shall be designed, constructed, and satisfy all requirements set forth in pertinent State of New Hampshire Department of Environmental Services Drinking Water and Groundwater Bureau and the New Hampshire Water Well Board, regulations as they exist, may be established, or may be amended in the future.

#### **SECTION 5: Building Permit & Certificate of Occupancy**

1. A completed well data report including drilling logs must be submitted by the well driller or his agent not later than the time of requesting a building permit. No Building Permit will be issued prior to the well driller or his agent submitting a completed well data report including drilling logs.
2. No Certificate of Occupancy will be issued until all the provisions of these regulations have been met or duly waived by the Board of Health or duly appointed designee in accordance with Section 6 of this ordinance.
3. Collection and analysis of a water sample shall be conducted by a NH Certified Water

Testing Lab. No Certificate of Occupancy will be issued until a water test has been received by the Planning Department. This test shall be done prior to treatment and shall include, but not be limited to, the following:

## **Test**

### **Primary Testing (Health)**

Bacteria\*  
Nitrate & Nitrite  
Arsenic  
Gross Alpha  
Uranium  
Lead  
Radon\*\*  
VOC Screen (Volatile Organic Compounds)\*\*\*

### **Secondary Testing (Aesthetic and Other)**

Iron  
Fluoride  
Copper  
Manganese  
Chlorides  
Turbidity  
Sodium  
pH  
~~Lead~~  
Hardness

\* If bacteria are present, sanitize the well and retest. If any bacteria are still present, it must be mitigated as outlined below in Section 5.4.

\*\* Radon shall meet the [NH DES recommended current or revised](#) level.

\*\*\* Please note that it takes approximately two weeks to get test results so plan accordingly. If the VOC Screen is positive, further testing shall be done to determine the type of contaminant and concentration.

4. All contaminates identified under Primary Testing in Section 5.3, shall be mitigated to the prevailing NH DES Maximum Contaminant Level (MCL), or with respect to Radon, NH DES' recommended level by the installation of a point of entry water treatment system prior to the issuance of a Certificate of Occupancy. A water quality test demonstrating effective mitigation to the above referenced standard shall be provided to the Planning Department prior to Issuance of a Certificate of Occupancy. Backwash from water

treatment systems shall not be discharged into the dwelling's sewage disposal system unless the design is sized to accommodate the additional flow.

5. The required testing and these regulations cannot be construed as a guarantee by the Town of Pelham or its agents that the water system will function satisfactorily or that all possible water quality problems have been identified and mitigated.

## **SECTION 6: Waivers by the Pelham Board of Health**

1. The Board of Health, on the advice of the Health Officer or duly appointed designee, in the event of hardship, may waive any requirement of this ordinance except: Section 2.1, (Permit Fee), Section 2.2, (contractor taking reasonable precautions), Section 3.2 (Capacities) and Section 5 (Building Permit & Certificate of Occupancy).
2. In considering waivers the Board of Health shall consider, as a minimum:
  - A. Whether the waiver adequately protects public health
  - B. Whether the waiver adequately protects consumer safety
  - C. Other extenuating circumstances
3. The Board of Health can impose conditions upon waivers, including but not limited to:
  - A. Alternate means of mitigation, such as point-of-use devices in instances where point-of-entry treatment would be unreasonably expensive to install or maintain;
  - B. Consumer notices
  - C. Conditions to be recorded in a deed and noted on the permit.
  - D. Storage Tanks

## **SECTION 7: Violations and Penalties**

A penalty not to exceed the amount permitted by statute shall be imposed on the applicant for failure to comply with these regulations. Each day of continuing failure to comply, after written notice of the violation(s), shall constitute a new offense. Repeated violations of regulations may be cause for the agent(s) to refuse to issue further permits for a period of one year.

## **SECTION 8: Conflict with Other Ordinances**

Where the requirements of State and Local Regulations differ, the more stringent shall apply.

## **SECTION 9: Forms**

The Board of Health or their designee shall prepare such forms as in their opinion are necessary to fully record the approvals and inspections required by this ordinance.

## **SECTION 10: Severability**

The invalidity of any provision of this ordinance shall not affect the validity of any other provisions.

**Adopted May 16, 2000**  
**Amended February 20, 2001**  
**Amended June 5, 2001**  
**Amended August 6, 2013**  
**Amended March 4, 2024 (fee only)**  
**Amended Oct. 1, 2024**



# 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