



# TOWN OF PELHAM

## WELL PERMIT

**DRILLING & TESTING RESULTS**  
(RETURN TO THE TOWN OF PELHAM AT ADDRESS BELOW)

DATE: \_\_\_\_\_

PERMIT NO: \_\_\_\_\_

MAP & LOT: \_\_\_\_\_

LOCATION OF PROPERTY: \_\_\_\_\_

NAME OF APPLICANT: \_\_\_\_\_

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 will all provisions as set forth in the applicable ordinances of the Town of Pelham and the State of New Hampshire.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Health Agent



# TOWN OF PELHAM

## WELL REPORT (Recovery Rate and Sustained Yield)

Date \_\_\_\_\_

ML # \_\_\_\_\_

Address \_\_\_\_\_

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 water supply regulations-well ordinance.

\_\_\_\_\_  
Name of Installer

\_\_\_\_\_  
Address

\_\_\_\_\_  
License #

\_\_\_\_\_  
Signature of Well Installer