

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 Iron

Total Bacteria (HPC)

Manganese

Ammonia Nitrogen

Color

Nitrite Nitrogen

Turbidity

Nitrate Nitrogen

Odor

Chloride

pH

Sodium

Total Alkalinity

Lead

Total Hardness

Arsenic

Volatile Organic Compounds (EPA method 524.2 and updates)

Polyfluoroalkyl Substances (PFAS) (EPA 533 or 537.1 and updates)

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