

TOWN OF MILLIS

The following information must be supplied to the Board of Health for its review before any approval can be given for 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 drawdown 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 Commonwealth of Massachusetts)

Authorized Signature _____

NAME OF COMPANY PERFORMING PUMP TEST _____

Authorized Signature _____

TOWN OF MILLIS

THE FOLLOWING BACTERIOLOGICAL AND CHEMICAL ANALYSES MUST BE PERFORMED:

Note: Two (2) samples to be taken:

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 (Standard Plate Count) *	Manganese
Ammonia Nitrogen	Color
Nitrite Nitrogen	Turbidity
Nitrate Nitrogen	Odor
Chloride	pH
Sodium	Total Alkalinity
Lead	Total Hardness
Arsenic	Volatile Organics (EPA 524 testing method)

***YOU MUST INCLUDE THE STANDARD PLATE COUNT (I.E. HETEROTROPHIC PLATE COUNT) AS PART OF THE TESTING.**

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