

TOWN OF NORTH ANDOVER
Office of COMMUNITY DEVELOPMENT AND SERVICES
HEALTH DEPARTMENT
1600 OSGOOD STREET; BUILDING 20; SUITE 2-36
NORTH ANDOVER, MASSACHUSETTS 01845



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Well and/or Pump Application

(Please print)

DATE: _____

LOCATION to Drill Well or install a pump: _____

Licensed Well Contractor Name and Company Name: _____

Contact Phone Numbers: _____

Homeowner: _____

Address: _____

Contact Phone Numbers: _____

WELLS (to be completed at time of pump test)

Type of well: _____ Use: _____

Diameter of well: _____ Size of Casing: _____

Depth of bedrock: _____ Depth of casing into bedrock: _____

Seal been tested? Yes () No () Date of test: _____

Depth of well: _____ Water-bearing rock: _____

Depth of water: _____ Delivers: _____ GPM for: _____

Drawdown: _____ feet after pumping: _____ hours at: _____ (how long) GPM

Date of Completion: _____
Signature of Well Contractor

PUMPS (To be filled in before installation)

Name & size of Pump: _____ Type: _____

Size of Tank: _____ Pump delivers: _____ GPM

Pipe used in well: _____ Cast Iron _____ Galvanized _____ Plastic _____

Sleeve used to protect pipe? Yes _____ No _____ Type of well seal: _____

Date: _____
Signature of Pump Installer

Date water analysis report submitted to Health Department: _____

Plumbing Wiring Inspector Health Department Representative

Town of North Andover

RE: Applications for a permit to drill a well:

Before a permit can be issued, you must have your contractor submit the following:

1. Submit to the Health Department a site plan showing the house and or lot footprint
2. Indicate any wetlands within 200 feet of the proposed location for the well
3. Indicate the well location
4. Submit a check for \$135.00 with the application

***Note:** **All submittals must be drawn to scale.** Please note that you may also be required to file with the Conservation Commission if wetlands are near to the proposed well, and to the Planning Board if you are located in the Watershed District.*