

**Town of Norfolk  
Board of Health  
Well and Pump Test Data**

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.

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  
    After 24 Hours: \_\_\_\_\_ Feet  
Pumping Rate: Should Be Constant Throughout Test  
    Started Pumping At \_\_\_\_\_ At A Rate of \_\_\_\_\_ GPM  
    Stopped Pumping At \_\_\_\_\_ At A Rate Of \_\_\_\_\_ GPM  
During Pump Test: Depth Of Pump \_\_\_\_\_ Feet Size of Pump \_\_\_\_\_ HP  
Depth of Pump To Be Installed: \_\_\_\_\_ Feet  
Size of Pump to be Installed \_\_\_\_\_ HP

Name of Drilling Company: \_\_\_\_\_  
(Must be registered with Commonwealth of Massachusetts)  
Authorized Signature: \_\_\_\_\_

Name of Company Performing Pump Test: \_\_\_\_\_  
Authorized Signature: \_\_\_\_\_

The Following Bacteriological and Chemical Analyses Must Be Performed: (Sample must be taken from a tap in the building by a **Massachusetts Certified Laboratory Representative**)

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
Arsenic	Total Hardness
Lead	Volatile Organic Compounds (EPA 524, 624, 501, 502, 601 or 602)

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