

## TOWN OF DUXBURY

BOARD OF HEALTH TOWN OFFICES 878 TREMONT STREET DUXBURY, MASSACHUSETTS 02332-4499

> Telephone (781) 934-1100 Fax (781) 934-1118

## REQUIRED PUMP TEST REPORT

All pumping test data shall be recorded and included in a report that the contractor shall submit to the well owner ad the Board of Health. If the well driller performs the pumping test, a copy of the pumping test shall be appended to the Well Completion Report that is submitted to the local Board of Health and the Division of Water Resources.

The pumping Test Report shall include, but not be limited to, the following information:

- 1. name and address of the well owner
- 2. well location, referenced to at least two permanent landmarks
- 3. date the pumping test was performed
- 4. depth at which the pump was set for the test
- 5. location of the discharge line
- 6. the static water level immediately before pumping commenced
- 7. the discharge rate if applicable the time the discharge rate changed
- 8. pumping water levels and respective times after pumping commenced
- 9. the maximum draw down during the test
- 10. the duration of the test, including both:
  - (a) the pumping time, and
  - (b) the recovery time during which measurements were taken
- 11. recovery water levels and respective times after cessation of pumping
- 12. reference point used for all measurements

The following must be supplied to the Board of Health in order to obtain a water supply certificate:

- 1. A well construction permit
- 2. Application for a Water Supply Certificate
- 3. A copy of the Well Completion Report
- 4. A copy of the pumping test report
- 5. A copy of the Water Quality Report
- 6. An As-Built of the well location referenced to at least two permanent landmarks