

TOWN OF WINDHAM, NEW HAMPSHIRE
COMMUNITY DEVELOPMENT DEPARTMENT
DIVISION OF HEALTH

WELL PERMIT

DATE _____ FEE _____ CHECK # _____ PERMIT # _____

OWNER _____ LOCATION _____

MAP/BLOCK/LOT _____ CLERK _____

SUBMIT A PLOT PLAN TO SHOW DISTANCE FROM WELL TO PROPERTY LINES AND SEPTIC SYSTEMS.

FILL OUT ATTACHED WELL CERTIFICATE OF COMPLIANCE AND RETURN TO THE COMMUNITY DEVELOPMENT DEPARTMENT UPON COMPLETION OF THE FIRST WELL TEST.

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MAP / BLOCK / LOT _____ CLERK _____

TYPE OF WELL _____ USE _____

THIS APPLICATION IS MADE WITH THE FULL KNOWLEDGE OF THE CURRENT REQUIREMENTS OF THE STATE OF NEW HAMPSHIRE AND TOWN OF WINDHAM RULES AND REGULATIONS GOVERNING THE DRILLING AND INSTALLATION OF WELLS.

A COPY OF THE APPLICANT'S LICENSE IS REQUIRED TO BE ATTACHED.

APPLICANT PRINTED NAME _____ PHONE _____

ADDRESS _____ LICENSE # _____

EXPIRATION DATE _____ SIGNATURE _____

**TOWN OF WINDHAM
BOARD OF HEALTH**

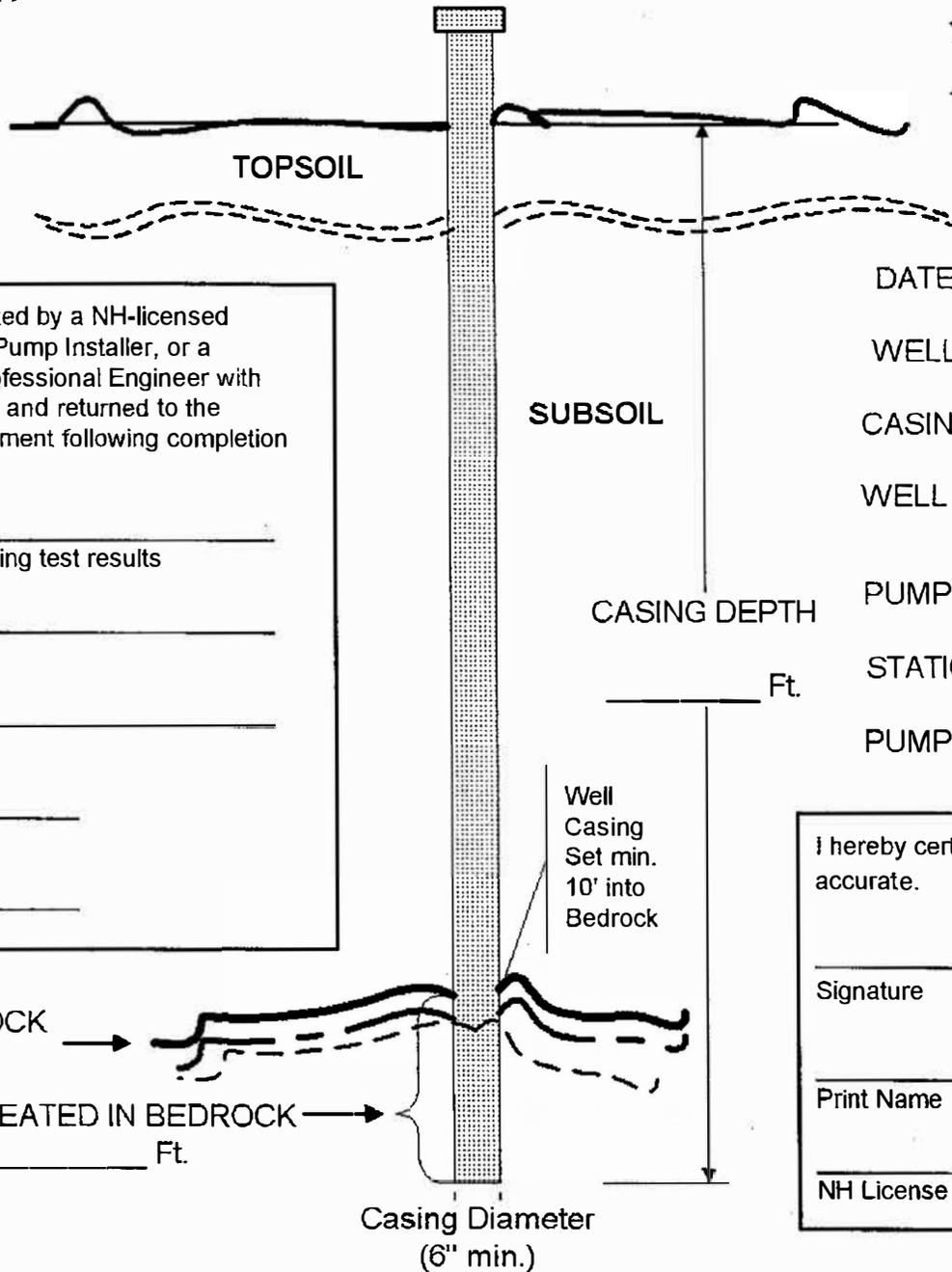
3 N Lowell Road
Windham, NH 03087
(603) 432-3806

-- WELL CERTIFICATE OF COMPLIANCE --

Name of Property Owner _____

Street Address: _____

Tax Map / Lot No.: _____



WELL DATA

DATE OF TEST: _____

WELL DEPTH (Ft.): _____

CASING DIAMETER: _____

WELL YIELD (Gal./Min.): _____
(Average following 4-hr. pump test)

PUMPING LEVEL: _____

STATIC LEVEL: _____

PUMP DEPTH (Ft.) _____

This form is to be completed by a NH-licensed Water Well contractor or Pump Installer, or a licensed Geologist or Professional Engineer with appropriate qualifications, and returned to the Windham Building Department following completion of the well test.

Name of Company certifying test results

Street Address

City, State, and Zip Code

Telephone Number

NH License #

I hereby certify that the information provided above is accurate.

Signature

Print Name

NH License #

Date