TOWN OF HAMPSTEAD

Building and Code Enforcement
11 MAIN STREET • HAMPSTEAD, NEW HAMPSHIRE 03841
603-329-4100 x116

Water Well Permit

OWNER: _____ **DATE:** _____

ADDRESS: _____

_____

PHONE: _____

LOCATION OF INSTALLATION: _____

MAP: _____ **PARCEL:** _____

INSTALLER: _____ **FEES: (CIRCLE)**

INSTALLER LICENSE # _____ **NEW WELL INSTALL $50.00**

EXPIRATION DATE: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

APPLICANTS SIGNATURE: _____

- **SUBMIT A PLOT PLAN TO SHOW DISTANCE FROM WELL TO PROPERTY LINES AND SEPTIC SYSTEMS.**
- **FILL OUT ATTACHED WELL CERTIFICATE OF COMPLIANCEAND RETURN TO THE BUILDING DEPARTMENT UPON COMPLETION OF THE WELL TEST.**
- **THIS APPLICATION IS MADE WITH THE FULL KNOWLEDGE OF THE CURRENT REQUIREMENTS OF THE STATE OF NEW HAMPSHIRE AND THE TOWN OF HAMPSTEAD RULES AND REGULATIONS GOVERNING THE DRILLING AND INSTALLATION OF WELLS.**

_____

Kristopher Emerson
Chief Building Official

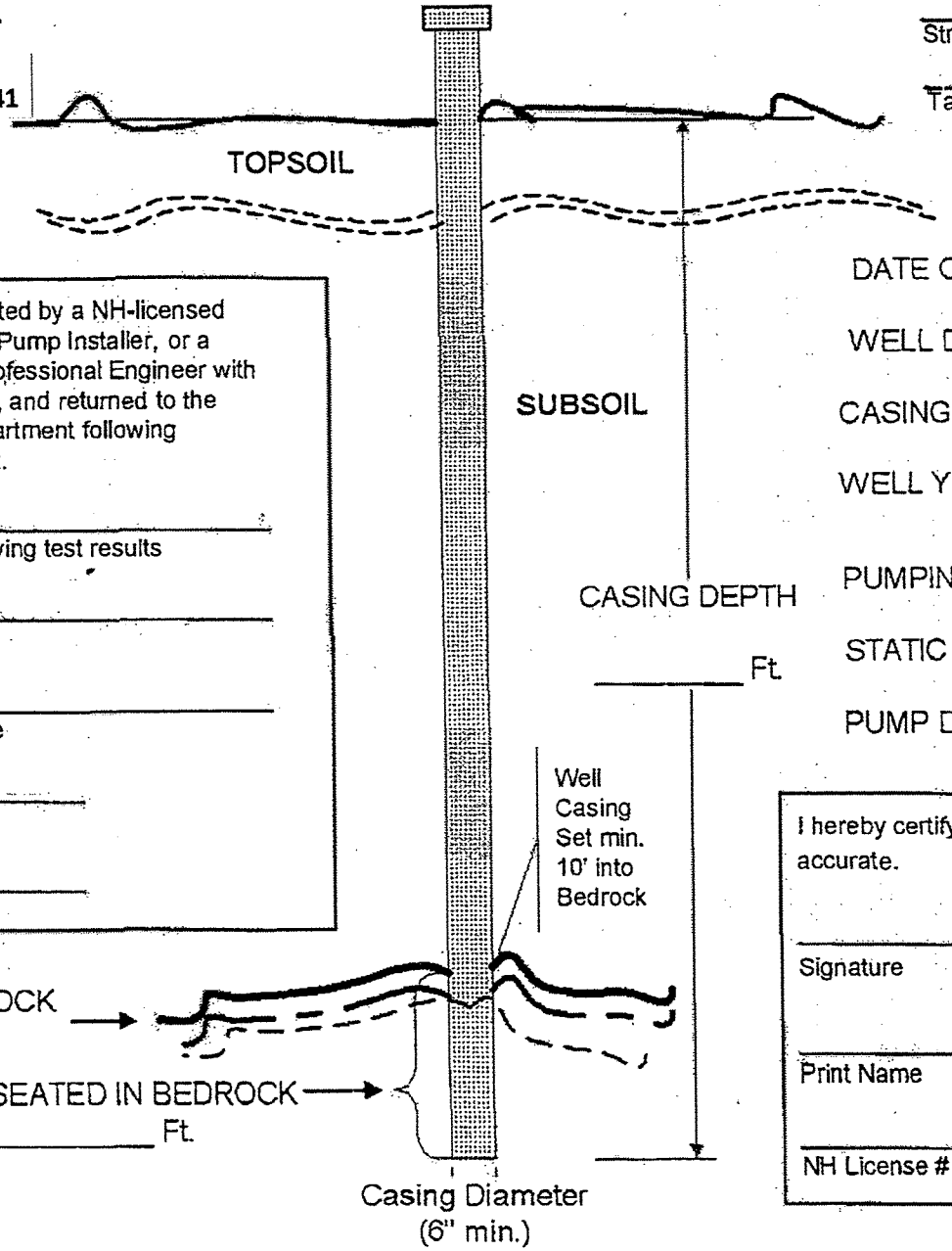
-- WELL CERTIFICATE OF COMPLIANCE --

TOWN OF HAMPSTEAD
BUILDING
DEPARTMENT
11 Main Street
Hampstead, NH 03841

Name of Property Owner

Street Address:

Tax Map / Lot No.:



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 Hampstead 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 #

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.)_____

I hereby certify that the information provided above is accurate.

Signature

Print Name

NH License # Date

WellLog1.vsd - 2/23/03

Table 1. **Supply 600 gallons in Two Hours**

Sustained Well Yield (GPM)	Required Well Depth (Ft)
0.5	400
1	360
1.5	320
2	280
2.5	240
3	200
3.5	160
4	120
4.5	80
5	---

Optimum Capacity

The values in Table 2 provide a yield of 960 gallons of water to the home during a period of four hours of pumping.

Table 2. **Supply 960 gallons in Four Hours**

Sustained Well Yield (GPM)	Required Well Depth (Ft)
0.5	600
1	520
1.5	440
2	360
2.5	280
3	200
3.5	120
4	---

Contact a licensed water well contractor or licensed pump installer for information about pumping tests and available options for increasing the capacity of inadequate supplies. Also see fact sheet WD-DWGB-1-16 at
http://des.nh.gov/organization/commissioner/pip/factsheets/dwgb/documents/dwgb-1-16.pdf

For further information about water supply and wells you may call the Water Well Board at (603) 271-1974 or the DES Drinking Water and Groundwater Bureau at (603) 271-2513 or go to their websites located at http://des.nh.gov/organization/divisions/water/dwgb/wwb/index.htm and http://des.nh.gov/organization/divisions/water/dwgb/index.htm, respectively.