

**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**

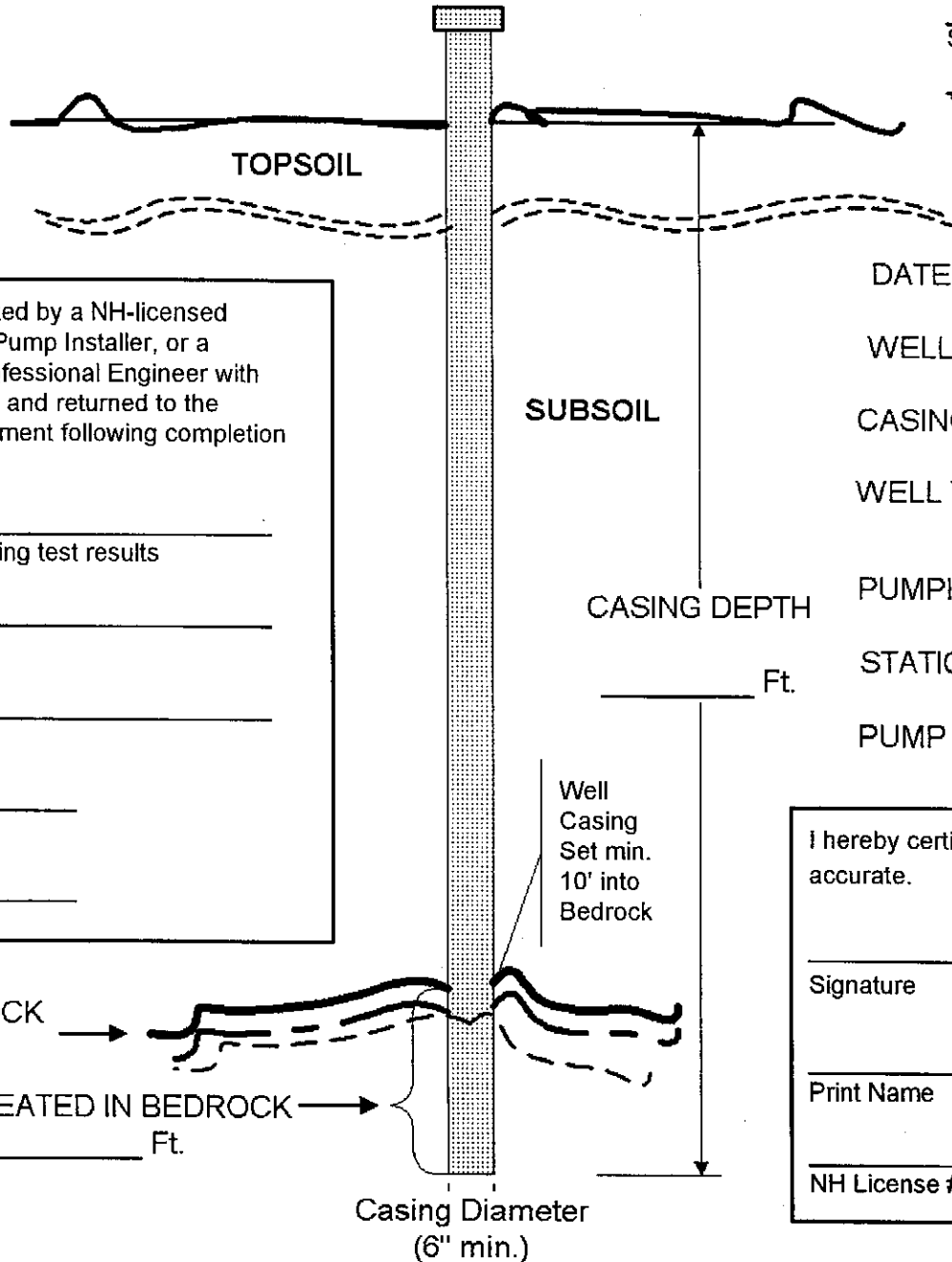
3 No. Lowell Road  
P. O. Box 120  
Windham NH 03087  
(603) 432-3806

**-- 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