DUTCHESS COUNTY DEPARTMENT OF HEALTH
85 Civic Center Plaza, Suite 106
Poughkeepsie, NY 12601
845-486-3404/845-486-3545 (fax)

# Application for Approval of <5 GPM Well

*Instructions*: **Applicant** Complete and submit Sections A through C and mail to the Dutchess County Health Department.

## SECTION A. OWNER INFORMATION

Name _____ Well Log No. _____

Address _____ Well Location _____ (T,V,C)

_____ Tax Parcel: ____ - _____ - ___- _____

Tel.# _____ Well Driller _____

## SECTION B. WELL INFORMATION

1. The results of the pump test (yield, drawdown, and recovery) must be recorded on the back of this form. Pump test performed by _____ on _____.

2. Well pump information: Make _____, Model # _____, HP _____. Attach manufacturer's pump curve or complete the following. The pump capacity is _____ GPM at a total dynamic head (TDH) of _____.

   Note: TDH can be calculated as static water level plus 350 feet. Pump capacity must be 5 GPM minimum at the calculated TDH.

3. Low pressure (LP) or low water (LW) cut off switch or other pump protection device information: Make _____, Model # _____, Type _____.

   Note: The above information is only required for well(s) with yields ≥2 GPM and ≤3 GPM.

4. Hydropneumatic tank information: Make _____, Model # _____, Size _____ gallons, Drawdown _____ gallons. Tank should provide approximately 20 gallons of drawdown.

5. Well pump set at _____ feet. Pump intake must be set 277 FT. minimum below the static water level.

## SECTION C. CERTIFICATION

I, _____ (owner, engineer, developer) certify that the above information is correct, the equipment noted above has been installed and that construction and installation were completed in accordance with any approvals and DCHD guidelines.

_____ _____
(Signature) (Date)

**For Office Use Only**

Approved by _____ Date _____

Comments: _____

## Pump Test Results

Note: Pumping rate and water level must be stabilized for four hours minimum.

| Time | Elapsed Time | Water Level (FT.) | Pumping Rate (GPM) |
|---|---|---|---|
| _____=Start | 0 minutes | _____ = Static W.L. | _____ |
| _____ | 15 min. | _____ | _____ |
| _____ | 30 min. | _____ | _____ |
| _____ | 45 min. | _____ | _____ |
| _____ | 1 hr. 15 min. | _____ | _____ |
| _____ | 1 hr. 30 min. | _____ | _____ |
| _____ | 2 hrs. | _____ | _____ |
| _____ | 2 hrs. 30 min. | _____ | _____ |
| _____ | 3 hrs. | _____ | _____ |
| _____ | 3 hrs. 30 min. | _____ | _____ |
| _____ | 4 hrs. | _____ | _____ |
| _____ | 4 hrs. 30 min. | _____ | _____ |
| _____ | 5 hrs. | _____ | _____ |
| _____ | 5 hrs. 30 min. | _____ | _____ |
| _____ | 6 hrs. | _____ | _____ |

(Attach additional page, if necessary)

Recovery observations. Water level must recover 90% of the depth from the stabilized drawdown to static water level within 24 hours.

| Time | Elapsed Time | Water Level (FT.) |
|---|---|---|
| _____ | 0 minutes | _____ |
| _____ | 15 min. | _____ |
| _____ | 30 min. | _____ |
| _____ | 45 min. | _____ |
| _____ | 1 hr. | _____ |
| _____ | 1 hr. 30 min. | _____ |
| _____ | 2 hrs. | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Comments: