

township of

Phone: 215-348-9915 • Fax: 215-348-8729
 Website: www.doylestownpa.org



doylestown

425 Wells Road • Doylestown, PA 18901

WELL PERMIT APPLICATION

| | | | | | | | |
|----------------|------------|------------------------|--|-----------------|--|------|--|
| Street Address | | Apt. or Tenant Address | | City and State | | Zip | |
| Subdivision | Lot Number | Parcel Number | | Zoning District | | Date | |

Property Owner: _____
 Address: _____
 Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

Tenant: _____
 Address: _____
 Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

Well Driller: _____ State Contractor Lic. No: _____
 Address: _____
 Work Phone: _____ Home/Cell Phone: _____ E-mail: _____

(All Contractors to supply workers comp/liability insurance certificate naming Doylestown Township)

NOTE:

Before this Doylestown Township Well Permit Application can be accepted, the applicant must first have applied to Bucks County Health Department (BCHD) for a Well Permit and have secured their approval. Three (3) copies of the BCHD Permit and three (3) copies of the approved site plan, showing all required dimensions and features are to be attached to this application. The fee for this permit is per the Doylestown Township fee schedule, and can be accessed on the Doylestown Township website at www.doylestownpa.org

THREE (3) COPIES BCHD PERMIT ATTACHED

THREE (3) COPIES OF APPROVED SITE PLAN ATTACHED

Information on the Bucks County Health Department Well Inspection and Certification Program, along with permit application forms can be obtained from:

A downloadable version of this information is available from the BCHD website:

Neshaminy Manor Center
 Building K Health Building
 Route 611 & Almshouse Road
 Doylestown, PA 18901
 Phone 215-345-3318

Information required for this Doylestown Township Well Permit:

DEMAND CATEGORY (gallons per day)

LESS THAN 1000 gallons per day

Township Manager approval required

1000 gpd or more up to 10,000 gpd

Board of Supervisors approval required.

QUANTITY OF WELL

Test done in accordance with Bailor Test minimum of 6 gallons per minute.

NEW WELL _____ RE-DRILLING _____

WATER QUALITY TESTING SERVICE

Name: _____

Address: _____

Phone Number: _____ e-mail _____

ATTACH COPIES OF ALL TESTING RESULTS

PLEASE NOTE: The property owner(s) must sign this application to verify the contractor or tenant has permission from the property owner(s) to do all construction work authorized by the issuance of this permit. All work to comply with Doylestown Township Code CH.170 WATER and CH.172 WELLS.

By signing this application, authorization is granted to any municipal representatives of Doylestown Township to access the above property as stated within this application and attached sub-trade permit application at any time, without an administrative warrant, to inspect and verify that any proposed use and/or structure contained within this application and/or that exists on the above property complies with all Doylestown Township zoning and building code ordinances.

The application together with the signed site plan and construction documents is made a part of this application by the undersigned. Furthermore, it is clearly understood and agreed to by the applicant and property owner that the Township office is not responsible for any property dimensions shown on the site plan and establishment of property lines is the sole responsibility of the property owner and applicant. The applicant and property owner also agree they are responsible for the replacement to Township standards of any Township road or infrastructure which is damaged during the building of the permitted structure and understands that the information provided on this application by the applicant(s) and property owner(s) is true and correct to the best of their knowledge or belief, and all information contained in their application becomes part of the public record.

Date: _____ Signature of Applicant(s) _____

Print Applicant(s) Name(s) _____

Date: _____ Signature of Property Owner(s) _____ **(Required)**

Print Property Owner(s) Name(s) _____ **(Required)**

For Township Use Only:

Twp. Manager Approval: Signature _____ Print _____ Date _____

Board of Supervisors Approval: Signature _____ Print _____ Date _____