DELAWARE TOWNSHIP | WELL APPLICATION/PERMIT

BOARD OF SUPERVISORS • 116 Wilson Hill Road • Dingmans Ferry, PA 18328
Phone: 570.828-2347 • Fax: 570-828-8705 • Email:dtbos@ptd.net

FILE DATE _____ CONTROL# _____ TAX MAP#_____
CHECK#_____ FEE $ _____ APPLICATION# _____

NAME OF OWNER _____
MAILING ADDRESS_____
TELEPHONE NUMBER _____

NAME OF DRILLER _____
MAILING ADDRESS_____
TELEPHONE NUMBER _____

SUBDIVISION _____ SECTION _____BLOCK_____ LOT _____

STREET LOCATION_____

WELL TYPE: ☐ RESIDENTIAL ☐ PUBLIC ☐ INDUSTRIAL
☐ IRRIGATION ☐ AIR CON ☐ OTHER _____

ATTACH A PLOT PLAN SHOWING THE WELL LOCATION IN RELATION TO STREETS, PROPERTY LINES, BUILDINGS, SEPTIC TANK, DRAIN FIELD, AND ALL NEIGHBORING SEPTIC TANKS AND DRAIN FIELDS, MEASUREMENTS ARE REQUIRED.

SIGNATURE OF OWNER/AGENT_____

ZONING PERMIT #_____ SEWAGE PERMIT #_____ BUILDING PERMIT #_____

☐ ISSUED ☐ DENIED DATE: _____ OFFICER_____

DRILLER NOTICE: Delaware Township Ordinance 202 Requires That The Driller Complete And Return The Green Copy Of This Permit (Or Yellow Of DER Well Water Inventory Report) Within Thirty (30) Days Of Completion Of Drilling. A Penalty/Fine May Be Imposed Daily For Violations:

THE FOLLOWING INFORMATION MUST BE COMPLETED BY THE DRILLER PRIOR TO FINAL INSPECTION BY THE WELL OFFICER:
DATE _____ DEPTH OF WELL _____DEPTH OF CASING_____
GALLONS PER MINUTE _____DRILLER'S SIGNATURE _____
FINAL INSPECTION DATE _____OFFICER _____