

Berwick Township

85 Municipal Road
Hanover, PA 17331
office@berwicktp.org

717-632-1829 (phone)
717-632-2280 (fax)
www.berwicktownship.com

WELL PERMIT APPLICATION

Date of Application: _____ Permit Number: _____

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- | | | |
|--|---|-------------------------------------|
| <input type="checkbox"/> Well Construction | <input type="checkbox"/> Well Replacement | <input type="checkbox"/> Geothermal |
| <input type="checkbox"/> Well Repair | <input type="checkbox"/> Well Abandonment | Borehole(s) |
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APPLICANT/PROPERTY OWNERS INFORMATION

Applicants Name: _____

Address: _____

City State Zip

Email: _____ Phone: _____

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Address of Property: _____ Tax Parcel No: _____

City State Zip

Property Owner Name: _____ Phone: _____

Address (if different than Address of Property): _____

City State Zip

WELL DRILLER'S INFORMATION

Well Driller's Name/Company: _____

PA Certification Number: _____ Phone: _____

Address: _____

City State Zip

- Geothermal Certification (If applicable, must be attached)
- Attach a sketch of the lot indicating the location of the proposed well. If applicable, annotate the location of existing buildings, on-site septic system/holding tanks, drain fields and property lines, and also indicate the location of any neighboring septic systems within 100 feet of the well site as well as any streams, swales and utilities on the property.

Signature of Property Owner/Agent

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Date Fee Paid: _____ Date of Approval of Permit: _____

Signature: _____

Zoning Officer/Authorized Personnel

Note: Prior to Approval of Operation, the Well Driller's Report and Lab Report shall be submitted and reviewed for completeness by the Authorized Township Representative.