

	MUN	YEAR	SERIAL
BCDH#	W		

Official use only
Owner <input type="checkbox"/> Township <input type="checkbox"/> Well driller <input type="checkbox"/>

Bucks County Department of Health

7321 New Falls Road, Levittown, PA 19055 – Phone: 267-580-3510 – Fax: 215-949-5819
 1282 Almshouse Road, Doylestown PA 18901 – Phone: 215-345-3336 – Fax 215-340-8456
 261 California Road, Quakertown, PA 18951 - Phone: 215-529-7000 – Fax: 215-529-7032

APPLICATION TO CONSTRUCT/MODIFY ALL WELLS

Well Owner: _____ Site Address: _____
Street

Mailing Address: _____
Post Office State Zip

Telephone #: _____
Subdivision Name Lot #

Email address: _____
Municipality
Tax Parcel # - - - - -

Application Fee Required \$ _____ Date Received _____
 *(See current fee schedule)

Send copy/response to consultant/driller? Yes No Well Driller Company: _____
License # _____

Type of Well Construction	Geothermal Wells	Method of Sewage Disposal
<input type="checkbox"/> New Well	<input type="checkbox"/> Open Loop	<input type="checkbox"/> Public <input type="checkbox"/> On-Site
<input type="checkbox"/> Deepen Existing Well	<input type="checkbox"/> Closed Loop	If on-site Sewage Permit #
<input type="checkbox"/> Hydrofracturing	# of Holes	Date Issued
<input type="checkbox"/> Abandoned	<input type="checkbox"/> Monitoring Wells	Date Finalized
<input type="checkbox"/> Other (specify)	# of Holes	

Plot Plan

Note: 4 copies of plot plan must accompany this application and be to a scale of 1" = 50' (minimum) on 8 1/2" x 11" paper (minimum size).

Note: For new or modified drinking water well construction a **RESIDENTIAL WELL WORKSHEET SA-131** must be filed and approved by Bucks County Department of Health **BEFORE** the water can be used for consumption.

Directions to Drilling Site:

Owner Declaration: I certify that the location herein proposed is accessible and meets all isolation distances presented in BCDH Rules and Regulations Governing all Wells and their Construction Specifications.

Owner(s) Name: _____ Owner's Signature: _____ Date _____

Original Signature Required / No Faxed Copies Will Be Accepted

For Department Use Only

Approval to Construct/Modify

BCDH Signature: _____

Date: _____

Approval to use

Date: _____

By: _____