

BUCKS COUNTY DEPARTMENT OF HEALTH  
DIVISION OF ENVIRONMENTAL SANITATION

**APPLICATION FOR TRANSFER OF WELL PROGRAM PERMIT**

**To be completed by applicant**

**FEE: \$ \_\_\_\_\_** (See current fee schedule)

**PART I**

**Name of applicant (New owner)** \_\_\_\_\_

**Address** \_\_\_\_\_

**City/Town** \_\_\_\_\_

**State** \_\_\_\_\_

**Zip** \_\_\_\_\_

**Telephone numbers:**

Home or  Cell \_\_\_\_\_

**Work** \_\_\_\_\_

**Permit #** \_\_\_\_\_

**Serial #** \_\_\_\_\_

**Lot #** \_\_\_\_\_

**Subdivision name** \_\_\_\_\_

**Property tax map #** \_\_\_\_\_

**Municipality** \_\_\_\_\_

**Date of original permit issuance:** \_\_\_\_\_

**PART II**

I, the undersigned owner/owner in equity of the above property, agree to comply with the original permit the dwelling, well, driveway, property lines and all components of the sewage system must be installed or remain as per location on the permitted system design plan. Any changes in the above may result in the revocation of the permit.

Applicants signature: \_\_\_\_\_

Date \_\_\_\_\_

**PART III** To be filled out only if applicant wishes to have an office conference

Office conference requested by the applicant. Reason: \_\_\_\_\_

Applicant's signature \_\_\_\_\_ Date \_\_\_\_\_

**PART IV** Necessary only when applicant is not the property owner

I, \_\_\_\_\_ the permittee has no objections to transfer of this permit to the applicant named above.

Permittee's signature \_\_\_\_\_ Date \_\_\_\_\_

**PART V** For Environmental Staff only

Transfer of permit approved  YES  NO Date transferred permit will expire \_\_\_\_\_

Transfer of permit not approved \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Environmental Health Staff

Bucks County Department of Health