

# WELL PERMIT APPLICATION

**TINICUM TOWNSHIP**  
 BUILDING & ZONING DEPARTMENT  
 163 MUNICIPAL ROAD  
 PIPERSVILLE, PA 18947  
 610-294-8076  
 FAX: 610-294-9889  
 WWW.TINICUMBUCKS.ORG



<b>Permit #</b>	<b>Parcel # 44-</b>	
Property Address:		
Permit Fee Amount: <b>\$75.00</b>	Check #	Date Paid:

Part I: GENERAL INFORMATION SUBMIT 2 SETS OF PLANS			
<b>Property Owner</b>	Name		<b>Primary Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	
<b>Applicant</b> <i>(If other than owner)</i>	Name		<b>Primary Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	
<b>Well Driller</b>	Name		<b>Primary Contact</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	Address		
	Contact Phone#	Email	

Part 2: WELL INFORMATION	
GPS Coordinates:	N W
Well Class: (Check one)	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Projected Well Daily Draw:	Gallons per Day
Projected Well Yield:	Gallons per Minute
I hereby certify that the foregoing statements and date to be true and complete and if approved, agrees to abide by all rules and regulations contained in the Tinicum Township Zoning Ordinance.	
Signature:	Date:

Please be aware that Tinicum Township will not be able to issue a well permit until you have contacted, applied and received approval for a well permit from the Bucks County Health Dept. 215-536-6500. Please submit a copy of your approved permit to use this application.

Attach (2) plot plans that show the proposed location of the well, boundary lines, adjacent boundary lines, location of buildings, proposed buildings, septic tanks and drain fields within a 200 foot radius of the proposed well site.

### FOR OFFICE USE ONLY:

ZONING APPROVED: _____	Date: _____	Fee: _____
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BUILDING INSPECTOR: _____	Date: _____	Fee: _____
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