

TINICUM TOWNSHIP
163 Municipal Rd.
Pipersville, PA 18947
610-294-8076
Well Permit Application

PERMIT # _____

Date: _____ Tax Parcel No: _____

Applicant's Name: _____ Phone No: _____

Applicant's Address: _____

Owner's Name: _____ Phone No: _____

Physical Location: _____

GPS Coordinates: _____ N _____ W

Well Driller: _____ Phone No: _____

Projected Well Daily Draw: _____ Gallons per Day Well Class: 1 ___ 2 ___ 3 ___ 4 ___ (Check one)

Projected Well Yield : _____ Gallons per Minute

Applicant hereby certifies the foregoing statements and data to be true and complete and if approved, agrees to abide by all rules and regulations contained in the Tinicum Township Zoning Ordinance.

Fee: \$ 75.00

Signature: _____

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 Department 215-536-6500. Please submit a copy of your approved permit to use this application.

All applications must be accompanied by a scale or sketch of the property showing the proposed location of the well. Boundary lines and adjacent boundary lines must be shown. In addition, the plot plan must show the location or proposed location of all buildings, septic tanks and drain fields within a 200 foot (200') radius of the proposed well site: