

HAMILTONBAN TOWNSHIP
WELL DRILLING PERMIT APPLICATION

Date of Permit Application: ___/___/___ PARCEL NUMBER: _____

CHECK BELOW WHICH APPLIES:

- Well Construction Well Replacement Geothermal/Borehole(s)
 Well Alteration Well Abandonment

Property Owner/Agent: _____ Telephone: Day: _____ Evening: _____

Mailing Address: _____

Property Address with Detailed Directions: _____

By signing this application, I, the property owner, acknowledge that I am responsible for informing the well driller of any existing or proposed onsite sewage system components and property lines. I further authorize the Code Enforcement Officer to enter my property during daylight hours for the purpose of conducting inspection(s) as needed.

Signature of Property Owner/Agent: _____ Date: ___/___/___

Well Drilling Company: _____ Telephone Number: _____

Name of Driller(s): _____ PA Certification #: _____

Business Address: _____

Have you drilled a well or borehole in (municipality) before? YES NO

If YES, did you submit two(2) copies of DCNR's Water Well Construction Report to the (municipality) once the well or borehole was completed? YES NO

By signing this application, I, the well driller, certify that the well or borehole shall be done in compliance with all applicable standards set forth in (municipality) Well Ordinance and Adams County Construction Standards and Material Specifications for Wells & Geothermal Systems. I further certify that I will submit two (2) copies of DCNR's Water Well Construction Report (form 8700-FM-TGS0015 or equivalent), as may be amended, to the Code Enforcement Officer once construction of the well or borehole is complete.

Signature of Well Driller: _____ Date: ___/___/___

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For Official Use Only

Date Fee Paid: ___/___/___

Date Permit is Approved: ___/___/___

Permit Number: _____

Signature: _____
Zoning Officer / Authorized Personnel

Use the back of this sheet or your own sheet for the site layout.

Provide a sketch of the property showing the property lines, proposed well location, and the distances from the well or borehole to all existing or proposed features requiring setbacks in the (municipality) Well Ordinance.

KEY

Mailing Address

Property Address with Detailed Direction

I, the undersigned, the property owner, acknowledge that I am responsible for obtaining the well

the Code Enforcement Officer to enter my property during daylight hours for the purpose of conducting
inspections as needed.

Signature of Property Owner/Agent

Well Drilling Company

Name of Driller

Business Address

Have you drilled a well or borehole in (municipality)? YES NO

If YES, do you retain a copy of DCMR's Water Well Construction Report to the municipality, once the
well is installed and completed? YES NO

I declare this application for the well is true and correct. I will adhere to all applicable standards set forth in (municipality) Well Ordinance and Water Control Construction
Standards and Material Specifications for Water & Sewerage Systems. I further certify that I will submit
two (2) copies of DCMR's Water Well Construction Report (Form DW-01-17-001) or equivalent as required
to the Code Enforcement Officer once construction of the well is complete.

Signature of Well Driller

Date for Permit

Date Permit is Approved

Signature

Name of Applicant

Use the back of this sheet or your own sheet for the site layout.