

EAST ALLEN TOWNSHIP
5344 Nor-Bath Boulevard, Northampton, PA 18067
P 610-262-7961 F 610-262-8788

APPLICATION FOR INDIVIDUAL WATER SUPPLY WELL CONSTRUCTION OR CLOSURE

Applicant Name _____ Permit # _____
Address _____ Tax Map # _____
_____ Phone # _____
Property Owner(s) _____
Site Address _____
Zoning District _____ Subdivision Name _____ Lot # _____
Well Driller _____ Phone # _____
Address _____ PA License # _____
Type of construction: _____
Intended Use: _____ Check One: New _____ Repair _____
Type of sewage disposal: _____ Sewage Permit # _____

All applications must include 2 copies of a Plot Plan showing: the address and location of the property; an accurate scale map of the premises showing the proposed location of the well; setback lines for wells; the exact or proposed location of all buildings; existing wells and onsite sewage disposal systems, including septic tanks and existing, proposed, and replacement sewage disposal drain fields; the boundary lines of all adjacent premises; the location of any wells and sewage disposal systems, including existing, proposed, and replacement drain fields, on adjacent properties; the location of any bodies of water and/or wetlands located on or abutting the premises; and the location of any underground storage tanks on the premises or adjoining premises known or readily determinable.

Applicant hereby acknowledges receipt of a copy of the current Township Well Construction and Closure Ordinance 2012-04.

Applicant Signature Date

** Certificate of Individual Water Supply Well Construction or Closure is required upon completion **

Office Use Only

\$ _____
Fee Date Paid

Site Inspection Prior To Drilling _____
Township Official Date

Application Approved ☐ Yes ☐ No _____
Date Township Official

Notes: _____

Payment of Fee Does Not guarantee Approval
FEES ARE NON-REFUNDABLE
THIS PERMIT EXPIRES 1 YEAR FROM DATE OF ISSUANCE

**EAST ALLEN TOWNSHIP
CERTIFICATE OF INDIVIDUAL WATER SUPPLY WELL
CONSTRUCTION OR CLOSURE**

(To Be Completed By Water Well Driller)

Applicant Name _____ REF Permit # _____

Address _____ Tax Map # _____

_____ Phone # _____

Property Owner(s) _____

Site Address _____

Zoning District _____ Subdivision Name _____ Lot # _____

Well Driller _____ Phone # _____

Address _____ PA License # _____

Number of Well Sites _____ Well Completion Report Date _____

Procedures and Materials Used By Well Driller for Construction OR Closure _____

Depth of Well _____ Depth Of Casing _____ Yield In GPM _____ Static Water Level _____

Type and Size of Casing _____ Depth of Grout _____

Pump Size And Type _____ Date of Water Quality Testing* _____
(*If Done – Attach Results)

I certify that the information above is accurate and complete to the best of my knowledge.
Attach copy of State form (if used).

Signature of Well Driller _____ Date _____

Office Use Only

Certificate of Well Use: ☐ Approved ☐ Denied Date _____

Inspecting Officer _____

Inspector's Comments _____