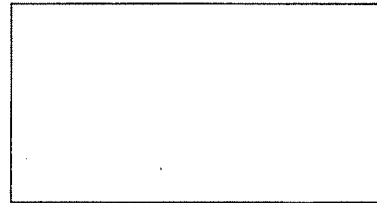


WEST PENN TOWNSHIP
27 MUNICIPAL ROAD
NEW RINGGOLD, PA 17960
Township Office: 570.386.4507 Fax: 570.386.5851
(Hours: Mon, Tues, Wed 9-3pm, Thurs 9-Noon)
westpenn township.org

DATE APPLICATION
RECEIVED BY
WEST PENN TOWNSHIP



WATER WELL PERMIT APPLICATION

(Water Wells constructed, reconstructed or repaired)

Water Well Ordinance No. 2 of 2017: VI (A through F)

NOTE: INCOMPLETE APPLICATION SHALL BE REJECTED AND RETURNED TO APPLICANT

Tax Parcel # _____

APPLICANT NAME – (Print) _____

Are you the owner, lessee or person/entity who or which will have beneficial use of the Water Well? Yes No

PHONE NUMBER: Home () _____ - _____ Cell () _____ - _____

EMAIL ADDRESS: _____

MAILING ADDRESS: _____

SITE LOCATION: _____

Water Well Driller to perform the well construction, reconstruction or repair:

NAME: _____ LICENSE # _____

ADDRESS: _____

PHONE NUMBER: _____

Applicant's Signature: _____ Date: _____

PERMIT FEE \$ _____ (approved or denied)
Fee to accompany completed Permit Application.
(Check or Money Order payable to West Penn Township) Submit completed application to:
WEST PENN TOWNSHIP, 27 MUNICIPAL ROAD, NEW RINGGOLD, PA 17960

SKETCH / DRAWING: Applicant must provide sketch/drawing that provides the following: subject property showing the location of all buildings and structures (existing or proposed), all easements and setback lines, the location of the proposed Water Well or Wells, the location of any existing well or wells, any existing or proposed water supply lines, the location of all sewage systems, existing or proposed, specifically designating the absorption areas and treatment tanks on the property for which the permit is sought and any other septic systems, to include the absorption areas and treatment tanks, within the isolation distances set forth elsewhere in the Water Well Ordinance. In lieu of the sketch drawing, the applicant may submit an existing sewage system plot plan, providing that all necessary information is contained thereon.

SKETCH



OFFICE USE ONLY FEE \$ _____ DATE PAID ____/____/____ CHECK # _____

WELL PERMIT ___ DENIED ___ APPROVED # _____ DATE: _____

REASON FOR DENIAL: _____

SEO SIGNATURE: _____