Delaware Thunship

State Well

Permit No.		BOARD OF H	EALTH	Permit No.	•••••
APPLI	CATION FOR PERMIT TO	CONSTRUCT (OR ALTER A	WATER SUPPLY	SYSTEM
Owner		D	riller		
Address .		A	ddress		
In complia supervision Water Sup	nce with Board of Health C of individual and semi-priv ply System at	Ordinance regulati vate water supplie	ng the location s, application	is made to Constru	ration, use and act or Alter a
Location .	(Road)		· (Lot)		(Block)
Use of Wel	l (Residential, Commercial, Industr	rial, Etc.)	Diameter of W	⁷ ell	inches.
Proposed I	Depth of Wellfo	eet. Proposed Cap	acity of Pump		G.P.M.
Method of	Drilling(Cable - Tool, Rotary, I	Etc.)			
	Alteration (describe in detail)				
	etch of the property upon whi located showing: (Use reve	ich the water supp	oly system to be		
a) b) c)	Location of water supply Location of all buildings Location and type of sewag	e facilities			
Date	Signa	ature of Owner			
function sa	ssuance of this Permit shall natisfactorily nor shall it in any	y way restrict the	powers or resp	that the water supponsibilities of the Bo	ly system will pard of Health
			DELAWA	RE TOWNSHIP BOARD	OF HEALTH
Date					
			(Administrative	Officer)	

Submit application in triplicate
Well record must be submitted before certificate of occupancy is issued.
Please advise Administrative Officer at least 24 hours in advance of installing casing.

Minimum of fifty (50) feet of casing installed and grouted to the surface in the presence of the administrative officer, so designated.

Make check payable to Delaware Township. Fee: Application \$5.00; Permit \$25.00 (\$30 Total)

Please submit 3 copies of this application with a check for \$30