State Well
Permit No.

Tplaunary ©humblit
BOARD OF HEALTH Permit No. $\qquad$

## APPLICATION FOR PERMIT TO CONSTRUCT OR ALTER A WATER SUPPLY SYSTEM

Owner $\qquad$ Driller $\qquad$

Address $\qquad$ Address $\qquad$
$\qquad$
In compliance with Board of Health Ordinance regulating the location, construction, alteration, use and supervision of individual and semi-private water supplies, application is made to Construct or Alter a Water Supply System at

Location $\qquad$

Use of Well
(Road)
Diameter of Well $\qquad$ inches. (Residential, Commercial, Industrial, Etc.)

Proposed Depth of Well $\qquad$ feet. Proposed Capacity of Pump $\qquad$ G.P.M.

Method of Drilling (Cable - Tool, Rotary, Etc.)

Nature of Alteration (describe in detail) $\qquad$

Sketch of the property upon which the water supply system to be constructed or altered is located showing: (Use reverse side of this form).
a) Location of water supply
b) Location of all buildings
c) Location and type of sewage facilities

Date $\qquad$ Signature of Owner $\qquad$
The issuance of this Permit shall not be construed as a guarantee that the water supply system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the Board of Health in the enforcement of any law or ordinance relating to public health.

DELAWARE TOWNSHIP BOARD OF HEALTH

Date $\qquad$
(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 $\$ 30$

