

Application for Well Permit

Name of Applicant:			Phone:	
Address:			Fax:	
City:		State:	Zip:	
Location of Property:			Lot#:	·
Owner's Name:			Phone:	
Address:				
City:	State:	Zip:		
Well Driller:			Phone:	
Address:			Fax:	
City:		State:	Zip:	
This application is for a: We	ell Repair New W	/ell		
Reason for well permit:				
Sewage Permit Number:				
_		ale plan of profes	sional survey quality showing the	lot with all of the
	Wells Buildings Utilities Utility Lines		Septic Tanks Septic Fields Property Boundaries Well Set Back Lines	
Also, all properties within 10	Easements Of feet of the lot showing exi	sting and propos	Distances from well to above ite sed:	ms
, , ,	Wells Septic Fields Property Boundaries	0	Septic Tanks Well Set Back Lines Distances from wells to above it	ems
Proposed well locations on t	he property must be staked	prior to drilling.		
The applicant agrees to compl laws and regulations whether of Enforcement Officer of his du	y with the provisions of Adams or not specified in this application ally appointed assistant to ento permit is issued, the permit ma	s Township Ordina on. The applicant er the premises	rue to the best of the applicants known cances, Codes and Regulations, and understands and hereby authorizes to conduct periodic and/or required Administrative Action of Adams Town	all other applicable he Township Code inspections. The
Signature of Applicant			Date	

Well Permit Fee: \$100.00

Adams Township Well Requirements

- 1.) Well permits are required for all new domestic wells and any repair that may increase the capacity of an existing domestic well.
- 2.) Wells must be constructed a minimum of five (5) feet from all lot lines. In case of a road right-of-way the distance must be measured from the edge of the legal right-of-way line or any established future roadway widening easement, whichever is greater. In no instance shall a well be constructed less than twenty-seven (27) feet from the actual center line of a Township road or less than thirty-two (32) feet from the actual center line of a State road.
- 3.) Wells may not be closer than one hundred (100) feet to the nearest part of any existing or proposed on site sewage disposal drain field or septic tank, whether on the property of the applicant or adjoining properties.
- 4.) All wells must be a minimum of six (6) inches in diameter and be provided with a water tight casing. Wells having a diameter larger than six (6) inches must comply with PA D.E.R. regulations.
- 5.) Well casings must be a minimum of forty (40) feet in length and be a minimum of ten (10) feet into bedrock.
- 6.) Well casings must be a minimum of Schedule 80 PVC pipe or steel casing with a weight of 18.95 pounds per lineal foot. Wells larger then six (6) inches must have an equivalent weight.
- 7.) All joints between steel casings must have a continuous weld and PVC joints must have a watertight bond. When a pump section or discharge pipe enters or leaves a well through the side of a casing, the circle of contact must be watertight.
- 8.) The annular space between the bore hole and the casing must be filled with cement grout from the bottom of the casing to no less then six (6) feet below ground surface.
- 9.) All casings must extend eighteen (18) inches above final grade and must be above the one hundred (100) year flood elevation of the site.
- 10.) No well permit can be issued for a particular property until a sewage permit has been issued, unless the property is to be serviced by a public sewer system.

Well permits may be denied because of unfeasibility of constructing a well at a proposed location for reason of, but not limited to, topography, adjoining structures or facilities or non-compliance with PA D.E.R. standards.

FINAL WELL SPECIFICATIONS

ADDRESS				
WELL DRILLER CO.				
TYPE OF PUMP				
MAKE OF PUMP				
SIZE OF PUMP				
MODEL # OF PUMP				
SERIAL # OF PUMP				
HORSEPOWER				
GPM OF WELL				
GPM				
LEVEL OF WATER UPON COMPLETION				
DEPTH OF WELL BORE				
DIAMETER OF WELL BORE				
DEPTH OF CASING				
DIAMETER OF CASING				
TYPE OF CASING USED)			
RESIDENTS/ NAME				

When completed - Please email to **code@adamstwp.org** or fax to 724-625-4077