



WARWICK TOWNSHIP
 Dept. of Planning & Zoning
 1733 Township Greene, Jamison, PA 18929
 Phone: (215) 343-6100
www.warwick-bucks.org

For Warwick Township Use Only

Check #:
Check Amount:
Received by:

WELL DRILLING PERMIT APPLICATION

Permit #: _____

Site/Contact Information

Site Address: _____			Primary Contact Person (check one)
Has the Bucks County Department of Health issued all necessary permits? _____			
Property Owner	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	
Applicant	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	
Contractor	Name	PA Contractor's #	<input type="checkbox"/>
	Address		
	Phone	Email	

Has the Bucks County Department of Health issued all necessary permits? Yes No

If not, application information can be found at the website below:

<http://www.buckscounty.org/government/departments/humanservices/healthdepartment/pdf/Well-RulesandRegs.pdf>

Water to be used for _____

Estimated yield _____

Quantity required, GP min. _____ GP Day Max _____ Min _____

Proposed depth _____ diam. _____ Method of drilling _____

Method of storage proposed _____

Method of treatment (chlorination, filtration) proposed _____

Describe other wells existing on owner's property _____

By accepting this permit, owner agrees to abide by the following general and special conditions.

GENERAL CONDITIONS

1. Plot plan must be drawn to an accurate scale of ten (10), twenty (20), thirty (30), forty (40), or fifty (50) feet to the inch showing all existing buildings, location of old well and proposed well, location of sewage disposal system, drainage fields, the distance between proposed well and the sewage disposal system and drainage fields.
2. Issuance of this permit does not convey any rights to divert water.
3. This well will not be used for disposal of wastes or contaminated water.
4. In the event this well is abandoned, owner will assume responsibility for plugging or sealing it in a manner satisfactory to the Township.
5. Compliance Form will be filled in and returned to the Township within ten (10) days after pump installation.
6. This permit is valid for one (1) year from date of issue.

DATA REQUIRED FOR WELL DRILLING APPLICATIONS

1. Plot plans showing building locations and the following distances:
 - a. Well to nearest building - no minimum
 - b. Well to septic tank – minimum 50 feet
 - c. Well to absorption area – minimum 100 feet
 - d. Septic tank to nearest occupied building – minimum 10 feet
 - e. Septic tank to distribution box – no minimum
 - f. Absorption area to nearest occupied building – minimum 10 feet
 - g. Absorption area to property lines, right-of-ways or easements, minimum 10 feet.
2. Attach copy of Bucks County Department of Health permit to construct a new well or modify an existing one.

The attached Certificate of Compliance form must be filled in and returned to the township within ten (10) days after pump installation. A copy of the Water Analysis and Topographic/Geologic Survey is required.

By signing this form, the applicant is certifying that he/she is empowered by the owner of the property to make an application on his/her behalf. The applicant also gives Warwick Township permission to access the property for all necessary inspections.

date

applicant's signature

To be filled in by Township Staff

Permit Submission Checklist

- | | | |
|---|------------------------------|-----------------------------|
| Permit Deposit. Amount: \$ _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2 copies of plot plan showing: | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| a. existing and proposed construction | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. distance to property lines (front/rear/side) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 1 copy of manufacturer's specifications | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Is the application signed? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| TMP #: | 51— _____ — _____ | |

Zoning District (circle one):

RA	R-1	R-1a	R-2	RG	RR	MF-1	MF-2	MHP	C-1	C-2	C-3	V-C	V-CII	LI	O	H
----	-----	------	-----	----	----	------	------	-----	-----	-----	-----	-----	-------	----	---	---

Zoning Use: _____

- | | | |
|--|------------------------------|-----------------------------|
| Is the property in the Corridor Overlay District? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Is the property in any of the Floodplain Districts? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| *Are there any variances or easements which will affect this permit? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |

UCC Construction Type: _____ UCC Use Group: _____

Reviewers	Signature	Date	Status
Zoning Officer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Building Code Official			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Engineer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Water & Sewer			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Board of Health			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Conservation District			<input type="checkbox"/> Approved <input type="checkbox"/> Denied
Other			<input type="checkbox"/> Approved <input type="checkbox"/> Denied

Reason for denial: _____

Fees

Zoning: \$ _____

Building: \$ _____

Engineer Review: \$ _____

Other: \$ _____

UCC Surcharge: \$ _____

Total Fee charged: \$ _____

REMARKS

Source of Data

Obtained by

Installation Inspected - Date..... By

CERTIFICATE OF COMPLIANCE

In compliance with Ordinance No. 33

The installation described on this sheet has been installed in accordance with terms of permit No.....

Permission is granted to divert underground waters in the amount of

WARWICK TOWNSHIP
JAMISON, PA.

By Date