

WARRINGTON TOWNSHIP WATER & SEWER DEPARTMENT
APPLICATION FOR PERMIT TO DRILL WELL

Fee Paid: _____

Permit Number: _____

Application must be submitted and permit number issued before drilling operations starts.

1. Owner's name and address _____

2. Accurate location of ground where well will be drilled _____

3. Water to be used for _____

4. Quantity required a. gpm _____ b. gpd _____

5. Diameter of well _____ Drilling method _____

6. Method of storage proposed _____

7. Treatment method _____

8. Describe any existing wells on property _____

9. Sketch on reverse side of this application – the location of the proposed well with relation to all adjacent wells and/or sewage or waste disposal systems according to section 301.5.1.2.

10. In accepting a permit, owner/ well driller agree to abide by the following conditions

- A. The well driller's operation must be in accordance with the rules and regulations as established by Warrington Township Water & Sewer Department under the terms of Ordinance # 02-0-14.
- B. Issuance of a permit does not convey any right to divert water.
- C. The well will not be used for the disposal of wastes or contaminated water.
- D. In the event that this well is abandoned, owner will assume responsibility for plugging or sealing the well (according to Section 301.8).
- E. Well driller's report form will be filled in and returned to WTWSD upon completion of drilling operations.
- F. Permits to drill wells are valid for one year from the date of issuance.
- G. Annually, the owner must submit to WTWSD, a copy of a well water test performed by a qualified laboratory (according to Section 301.12).

Date: _____

Well Driller's Signature: _____

NOTE: The issuance of a permit to drill a well or a Certificate of Compliance shall not be construed as a guarantee that the systems will function satisfactorily, nor shall it in any way restrict the powers or responsibilities of the State, County or Municipality in the enforcement of any law or ordinance in relation to Public Health.

WARRINGTON TOWNSHIP WATER & SEWER DEPARTMENT WELL TESTING REPORT

This report must be submitted no later than thirty (30) days after well drilling operations starts.

Permit #	Well Address
Date Well Drilled	
Well Driller's Name & License #	Well Driller's Telephone #
Well Driller's Address	Personnel Conducting Testing

- 11. Complete Description of test well(s)
 - Horizontal Dimensions: _____
 - Vertical Dimensions: _____
 - Casing Installed: _____
 - Casing Specifications: _____
 - Grouting Material Used: _____
 - Method of Grouting: _____

- 12. Depth of well(s): _____
- 13. Method used to drill the well(s): _____
- 14. Distance of the well from:
 - Water Related: _____
 - Sewer Related: _____
 - Chemical Related: _____
 - Neighboring Well: _____

- 15. Public Sewer Lines:
 - Well Location from: _____
 - Well Distance from: _____

- 6. Type and Quantity of Storage provided (if Applicable)

- 7. Rock Formations identified during drilling:

- 8. Static Water Level prior to testing for yield: _____

9. hydrograph of the depth to the water surface during pump testing:

recovery period at the test well(s):

Pump Rate (gal per min.): _____

Discharge Rate (gal. per min.): _____

Time of readings: _____

10. Water Quality conditions: _____

Degree of Compliance with Section 301.12.22: _____

11. Recommended depth for the pump: _____

12. Attach a copy of the Department of Conservation and Natural Resources "Water Well Completion Report."

13. A mapping of well location on the property showing all other data required by the ordinance.

WARRINGTON TOWNSHIP WATER & SEWER DEPARTMENT
PUMP INSTALLATION FORM

Well Permit Number: _____

16. Permittee's name _____

17. Permittee's Address: _____

18. Permittee's Tax Parcel # _____

19. Depth of Pump _____

20. Pump Installer's Name: _____

21. Pump Installer's License Number _____

Date: _____ Installer's Signature: _____

**WARRINGTON TOWNSHIP WATER AND SEWER DEPARTMENT
Notification of Water Source Replacement Property Owner Acknowledgement**

The WTWSD rules and regulations of Chapter 300, §301 contain the following requirements concerning water source replacement:

301.13 WATER SOURCE REPLACEMENTS

301.13.1 Whenever a public water supply or another well replaces an existing well, it shall be the responsibility of the property owner to have the existing well properly abandoned by a licensed well contractor in accordance with Section 301.8., Abandonment of Wells, of these Regulations. No well may exist in a decommissioned state. (Form WTWSD-03)

301.13.2 All wells that are to be abandoned, or wells that are removed from use or a useable status such as decommissioned wells or any well that meets the definition of an abandoned well according to Section 301.3.2 shall be abandoned according to the requirements of Section 301.8, Abandonment of Wells. (Form WTWSD-05)

301.13.3 A well that has been replaced by another well shall not be required to be abandoned if the property owner has made written request to the Department to maintain the well for purposes that will not endanger groundwater, the environment or public health and has received written approval to maintain the well from the Manager or his authorized representative. (Form WTWSD-04)

301.13.4 A well that has been replaced by a public water supply shall not be required to be abandoned if the property owner has submitted a written request to this Department for approval to continue to maintain the well, and has received written approval to maintain the well from the Manager or his authorized representative. (Form WTWSD-04)

301.13.5 Wells that have been replaced by public water supplies may not be used or maintained where any federal, state or local agency has determined that the continued use or maintenance of the well could interfere with the cleanup of contaminated groundwater or a contaminated site.

301.13.6 Any well given approval by the department when replaced by a public water supply can not have any kind of hard connection with the public water supply.

301.13.7 Well permits will not be issued in areas where a public water supply exists if the location of the new well is within the cone of influence of an existing municipal well.

Owner of Well

Municipality

Street Address/location of existing well

Tax Parcel ID # (on tax stmt)

City, State

Well Permit Number (if applicable)

I, _____, the current owner of the above mentioned property have been informed and understand my responsibility to comply with all applicable requirements of this section.

Signature

Owner's home address

phone number

WARRINGTON TOWNSHIP WATER AND SEWER DEPARTMENT
Application for Permit to Maintain an Individual Well In Public Water Service Area or
When Replaced by Another Individual Well

Owner of Well

Municipality

Street Address/location of existing well

Tax Parcel ID # (on tax stmt)

City, State

Well Permit Number (if applicable)

Reason to Maintain Existing Well:

I, _____, the current owner of the above mentioned property have been informed and understand my responsibility to comply with all applicable requirements of section 301.8, 301.9, 301.10 and 301.13 of the Warrington Township Ordinance # 02-0-14. I further understand that Water Quality Test results will be submitted to WTWSD annually, in accordance with Section 301.12 of Ordinance.

Owner's home address

Signature/Date

phone number

WELL ABANDONMENT FORM

Contractor/Agent: _____ Registration No.: _____

Date: _____ Type of Site or Program: _____

1. Well Location: (Show sketch of location on back of this form.)
 Municipality: _____ County: _____

Quadrangle: _____

 (road, community, subdivision, lot no.)

Latitude: _____ Longitude: _____

2. Owner and Address: _____

3. Topography: (circle) Hilltop, slope, stream terrace, valley, stream channel, draw, local depression, flat
 Well Diagram: sketch a

4. Use of Well: _____ diagram showing depths of well,
 casing (if present), grouting

5. Depth of Well: _____ Diameter _____ materials, perforations, etc.
 of Well: _____

6. Amount of
 Casing Removed: _____ Diameter: _____

	_____	_____	_____
Sealing	bags	neat	sand
Material:	(94 lb):	cement	cement
	_____	_____	_____
	Gal of		
	Water:	_____	_____
	Yds of		
	Sand:	X	_____

Other Material: _____ amount: _____

7. Explain Method of emplacement of material: _____

8. Certification: We herby certify that this well abandonment record is true and exact, and was accomplished on _____ day of the month of _____, _____, with our active participation and that we are qualified to participate in such abandonment actions.

Signature of Participant: _____

Date: _____ Address: _____

Signature of Participant: _____

Date: _____ Address: _____