



MONTGOMERY COUNTY HEALTH DEPARTMENT

Norristown Health Center
1430 DeKalb Street, PO Box 311
Norristown, PA 19404-0311
610-278-5117
Fax: 610-278-5167

Pottstown Health Center
364 King Street
Pottstown, PA 19464
610-970-5040
Fax: 610-970-5048

Eastern Court House Annex
102 York Road, Suite 401
Willow Grove, PA 19090
215-784-5415
Fax: 215-784-5524

INDIVIDUAL WATER WELL PERMIT APPLICATION

Applicant name _____ Site address _____
 Mailing address _____ Subdivision _____ Lot no. _____
 _____ Municipality _____
 Telephone no. (____) _____ Tax parcel no. _____

DISCLOSURE: I certify that the location herein proposed meets all isolation distances as stated in Chapter 17 "Individual Water Supply System Regulations" of the Montgomery County Public Health Code.

APPLICANT SIGNATURE: _____

| EXISTING WELL INFORMATION | TYPE OF CONSTRUCTION | GEOHERMAL WELLS |
|---------------------------|-------------------------------|---------------------------|
| Well depth _____ | _____ Residential | _____ Open loop |
| Location _____ | _____ Modifying existing well | _____ Closed loop |
| Reason for new well | _____ Extension | _____ Number of boreholes |
| _____ Re-location | _____ Hydrofracturing | |
| _____ Lack of water | _____ Deepening | |
| _____ Contamination | _____ Replacement well | |
| _____ Other | _____ Irrigation | |
| _____ | | |

| DRILLER/INSTALLER INFORMATION | METHOD OF SEWAGE DISPOSAL |
|-------------------------------|---------------------------|
|-------------------------------|---------------------------|

Public On-lot

Name _____ If on-lot, sewage permit no. _____
 PADCNr license no. _____ Date issued _____
 Telephone no. _____ Date final _____

NOTE: The water supply cannot be used until final approval is granted by MCHD.

PERMIT TO CONSTRUCT

_____ Granted MCHD signature _____ PERMIT NO. _____
 _____ Denied Date _____

FEE PAID

_____ Date
 _____ Amount paid _____ Check number