



MONTGOMERY COUNTY OFFICE OF PUBLIC HEALTH

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. (____) _____ Email _____ 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	GEO THERMAL WELLS
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Well depth _____	_____ Residential	_____ Open loop
Location _____	_____ Modifying existing well	_____ Closed loop
Reason for new well	_____ Extension	_____ Number of borehole
_____ Re-location	_____ Hydrofracturing	
_____ Lack of water	_____ Deepening	
_____ Contamination	_____ Replacement well	
_____ Other	_____ Irrigation	

DRILLER/INSTALLER INFORMATION	METHOD OF SEWAGE DISPOSAL
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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 the Office of Public Health (OPH).

PERMIT TO CONSTRUCT

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

FEE PAID

_____ Date _____ Amount paid _____ Check number