



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

NON - ABANDONMENT DECLARATION FOR WELL PERMIT APPROVAL

APPLICANT: _____

WELL PERMIT NO: _____

MUNICIPALITY: _____

PROPERTY ADDRESS: _____

TAX PARCEL NO: _____

I (We), _____, present owners of the above noted property elect to have our original water supply located _____ to remain operational for the following reason(s): _____ (feet from landmark)

Homeowner(s) signature: _____

Date: _____

Form (MCHD-WW-005)
Revised 01/03