

**WELL PERMIT APPLICATION**

CLAY TOWNSHIP  
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PERMIT # \_\_\_\_\_  
DATE PAID \_\_\_\_\_  
AMOUNT PAID \_\_\_\_\_

LOCATION OF PROPERTY \_\_\_\_\_

SUBDIVISION OR DEVELOPMENT \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WELL DRILLER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

WELL DRILLER STATE REGISTRATION # \_\_\_\_\_

Within sixty (60) days after completion of the well the Township must be provided with a copy of the "Water Well Completion Report" as required by the Bureau of Topographic and Geological Survey, Water Well Licensing/Water Well Inventory Section.

All wells shall be set back a minimum of **one hundred (100) feet from any on-site or off-site sanitary sewage disposal system** (other than a public system). Further, all wells shall be located a **minimum of twenty-five (25) feet from the boundaries** of all properties. **A PLOT PLAN IS REQUIRED WITH APPLICATION SUBMISSION.**

Acknowledgement – I declare that I am the property owner, or representative of the owner, or authorized representative of the owner, and that the information provided is true and accurate to the best of my knowledge. I understand that false information may result in a stop work order or revocation of permit. Municipal representatives are also granted reasonable access to the property for review and/or inspection of this project if necessary.

APPLICANTS PRINTED NAME: \_\_\_\_\_

APPLICANTS SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ APPLICANTS AFFLIATION IF NOT OWNER: \_\_\_\_\_

**APPLICATION REVIEW**

APPLICATION MEETS ZONING REQUIREMENTS: APPROVED ( ) DENIED ( )

DATE: \_\_\_\_\_ ZONING OFFICER SIGNATURE: \_\_\_\_\_

TOWNSHIP FINAL SITE VISIT ON \_\_\_\_\_(Date)