

BEDMINSTER TOWNSHIP WELL PERMIT APPLICATION

Date: _____ Tax Parcel No. _____

Applicant's Name: _____ Phone _____

Applicant's Address: _____

Owner's Name: _____ - Phone _____

Physical Location: _____

Well Driller: _____ Phone _____

Projected Well Yield: _____ GPM Well Class: 1 _____ 2 _____ 3 _____ 4 _____ (Check One)

Fee: \$75.00 Signature: _____

Please be aware that Bedminster Township will not be able to issue a well permit until you have contacted, applied and received approval for a well permit from the Bucks County Health Department 215-340-8612. Please submit a copy of your approved permit to use with this application.

All applications must be accompanied by a scale or sketch of the property showing the proposed location of the well. Boundary lines and adjacent boundary lines must be shown. In addition, the plot plan must show the location or proposed location of all buildings, septic tanks and drain fields within a 100 feet (100') radius of the proposed well site.