

EAST ROCKHILL TOWNSHIP

1622 North Ridge Road, Perkasie, Pennsylvania 18944
Phone 215-257-9156 • Fax 215-257-1299

website: www.EastRockhillTownship.org



WELL PERMIT APPLICATION

TAX PARCEL Number: 12-_____

Date: _____

PROPERTY ADDRESS: _____

CONTACT INFORMATION:

EQUITABLE OWNER on Record: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

APPLICANT if different than owner: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

CONTRACTOR PERFORMING WORK: _____

Email: _____ Phone: _____

Address: _____ City/State/Zip: _____

REQUIRED Bucks County Department of Health Permit#: _____

Cost of Construction: \$ _____

A scale or sketch of the property showing the proposed location of the well and adjacent boundary lines must accompany all applications. In addition, the plot plan must show the location or proposed location of all buildings, septic tanks and drain fields according to DEP regulations.

By signing below I/we agree to all the above mentioned terms as well as the attached well certification requirements to be kept with applicant's records.

Applicant's Signature: _____ Date: _____

REQUIRED Homeowner Signature _____ Date: _____

WELL CERTIFICATION

Where private water supply is to be installed for new construction, certification as to capacity and quality is required prior to issuance of an East Rockhill Township building permit for the structure serviced. Certification shall not be required where an existing well is re-drilled or a new well installed due to insufficient well yield at an existing single family residence.

- 1) The well yield shall be determined by a pumping test of not less than four (4) hours duration conducted at a rate of not less than 150% of the intended long-term withdrawal from the well. The four (4) hour test shall be conducted at a constant pumping rate that should not deviate greater than +/- 5% during the test.
- 2) In the event the well does not yield a minimum of 6 gpm, the proposed water system shall be designed to be able to provide sufficient storage via oversize tanks and/or storage in the well bone for the length of time it would take for the expected peak demand to empty a standard pressure tank being supplied by a well pumping 6 gpm.
- 3) All well drillers shall, upon completion of the well, provide the Township with a copy of the report submitted to the Commonwealth of Pennsylvania and sufficient data and documentation to verify compliance with subsection A and B above.
- 4) At a minimum, the sample of the water produced shall be subjected to examination by a state certified water laboratory for the presence of the following contaminants and certified to be potable.
 - a) coliforms
 - b) pH
 - c) iron
 - d) nitrates
 - e) total dissolved solids
 - f) TCE, PCE, and 1-1-1 trichlorethane
 - g) Detergents
 - h) benzene, toluene, xylene
 - i) petroleum, hydrocarbons, TPH
- 5) A minimum of three (3) water samples shall be collected during the pump test for analysis:
 - a) 30 minutes after commencement of the pump test;
 - b) 2 hours after commencement;
 - c) 10 minutes prior to the end of the test.

****Bucks County Department of Health MUST BE CONTACTED 215-345-3318****