

Township of Williams
655 Cider Press Road
Easton, Pennsylvania 18042
Phone: (610) 258-6788
Fax: (610) 258-6080

Application Date: _____
Well Permit Number: _____

WELL PERMIT APPLICATION

Williams Township Well Ordinance No. 2020-06

Name of Property Owner: _____

Mailing Address: _____

Phone Number: _____ Email: _____

Address of Property and Well Location: _____

Tax Map ID: _____

Well Driller: _____ PA License Number: _____

Well Driller Address: _____

Phone: _____ Email: _____

Williams Township Well Class (according to Ordinance No. 2019-01 Section 4-36):

Class I (Single Dwelling)

Class II

Class III

Type of Well Construction:

- New Well
- Deepen Existing Well
- Hydrofracturing
- Abandoned
- Monitoring Well
- Other: _____

Well Use:

- Residential Drinking Water
- Irrigation
- Agriculture
- Geothermal
- Injections/Extraction
- Monitoring
- Testing

Geothermal Wells:

- Open Loop
- Closed Loop
- ___ # of holes
- Monitoring wells
___ # of holes

Drilling Method:

- Hydraulic Rotary
- Bored/Augured
- Other: _____

Method of Sewage Disposal:

Public

On-Site (Provide Permit Number and Date Issued Below)

Permit Number: _____

Date Issued: _____

Licensed Well Driller description of Well Construction per Ordinance No. 2019-01 Section 8:

Sequence of Well Drilling Activities:

Note: Three (3) copies of plot plan must accompany this application, and it is recommended to use a minimum scale of 1"=50' on 8 1/2" by 11" paper minimum. The Applicant by signing below acknowledges that the information on this application and accompanying plot plan is accurate to the best of their knowledge.

Note: An application fee of \$_____ is required. Payment must be made at time of application.

Note: A "refundable" escrow fee of \$_____ is required.

Note: This permit will expire 1 year from the date of issuance.

Note: A Williams Township professional service agreement and escrow fee is required per the township amended fee ordinance.

Note: The Township Sewage Enforcement Office should be contacted for a well preconstruction meeting with the owner and well driller. Call (610) 258-6788 to arrange this meeting.

Applicant's Name: _____

Applicant's Signature: _____

Date: _____

Approved By: _____
Building Official/Zoning Officer

Check Number: _____

Permit Issue Date: _____

Well Completion Report Received on: _____