

KINGWOOD TOWNSHIP
Board of Health
WELL CONSTRUCTION PERMIT APPLICATION
For NEW Well or Well ALTERATION

BLOCK: _____ **LOT:** _____ **WELL SITE ADDRESS:** _____

WELL DRILLER INFORMATION:

NAME: _____

ADDRESS: _____

LICENSE NO.: _____

PROPERTY OWNER:

Name _____

Address _____

Phone _____

Email _____

Date _____

OWNER CERTIFICATION

I hereby certify that I am the owner of this property and that this application is being made with my full consent and in accordance with my wishes.

Signature of Property Owner

Date

Application continues on Page 2

APPLICANT:

Name _____

Address _____

Phone _____

Email _____

Signature _____

Date _____

Number of Wells to be Drilled or Altered: _____

Address all correspondence to:

Name _____

Address: _____

Phone _____ **Email** _____

FOR TOWNSHIP USE ONLY

APPLICATION FEE and ESCROW FEE:

\$200.00 FOR EACH WELL \$ _____ **Total**

\$1500.00 FOR EACH WELL \$ _____ **Total**

Check Number: _____

Date Received: _____

Received by: _____