



DELAWARE COUNTY HEALTH DEPARTMENT Environmental Health Division

Instructions for Completing the Monitoring Well Application Required Information Sheet

This information is essential in future tracking of Monitoring Well ownership and final decommissioning. No permit will be issued without this information.

Please note: Direct push core holes are not exempt from the requirement to obtain a permit.

1. Enter the Well Permit Application number.
2. Enter the designation you intend to use to identify this well. (e.g.: MW-1, OW-3, etc.)
3. The UPI (Universal Parcel Identifier) provides the exact property location for the well. This number must be on the application form. Ownership will be verified. It may be necessary for the applicant to install a well on a property that he does not own - see items 9 & 10 below
4. Direct core push? Yes or No
5. If direct core push, number of holes.
6. The applicant is the person/corporation that is constructing the monitoring well.
7. Applicant's full mailing address. The applicant will receive annual status report mailings at this address and is required to respond to this report.

NOTICE: The applicant is the owner of this well. Should ownership of the applicant's property or the property on which the well is located change, the Delaware County Health Department must be informed of the contact information for the new owner.

8. Identify if the applicant is a corporation.
9. If the applicant is a corporation, the person who is authorizing the construction of the well must be entered here. If the applicant is the property owner, enter title as Owner. If this information changes, the Health Department must be notified.
10. Contact phone number.
11. If the property where the well is to be drilled is not owned by the applicant, it must be indicated here and item #10 must be completed.

12. Contact information for the owner of the property. A copy of an agreement between the applicant and the property owner must be provided.
13. Indicate the reason the well is needed.
14. Is construction of this well being required by a state or federal agency, such as US EPA or PA DEP? If yes, identify this agency.
15. Enter the diameter of the well to be installed.
16. How will this well be used? Check one.
17. Indicate how long the well will remain in use. When this well is no longer in use or necessary, it must be decommissioned by the applicant/owner or subsequent owner. The Health Department must be notified prior to decommissioning the well so that proper decommissioning procedures can be observed. Should the anticipated period of active use of the well change, the Health Department must be notified.

The final statement and signature acknowledges that the applicant/owner will be held responsible for the annual status report response, the proper operation and final decommissioning of the well. Applicant /Owner must inform the Health Department if well ownership changes in accordance with the notice above.