



Delaware County Health Department

1510 Chester Pike
Suite 700
Eddystone, PA 19022
(484) 276-2100

Request to Maintain Existing Well/Water Source Replacement

Please Check One:

- Well to be replaced by public water source
- Well to be replaced by a second well

Property Owner's Name: _____

Property Owner's Address: _____

City: _____ State: _____ Zip Code: _____

Property Owner's Phone #: _____ Well Permit #: _____
(If Applicable)

Site Address: _____

City: _____ State: PA Zip Code: _____

Municipality: _____ Tax Parcel ID #: _____
(From Deed or Tax Bill)

Please Choose One Option:

- I will have this well decommissioned by a DCHD Licensed Well Driller in accordance with the Delaware County Health Department Rules and Regulations.
- I request permission to maintain my well.

I will maintain this well in continual working order. However, the use for this well has changed to Agricultural and is NOT for human consumption. I also agree the well shall be properly decommissioned in accordance with the Delaware County Health Department's (DCHD) Rules and Regulations if at any time in the future the well meets DCHD definition of an abandoned well.

Property Owner's Signature

Date

Mail to: Delaware County Health Department
1510 Chester Pike, Suite 700
Eddystone, PA 19022

FOR OFFICE USE ONLY

In accordance with Chapter 500, the Delaware County Health Department hereby grants your request maintain the above referenced well.

Property Owner's Signature

Date