



READING TOWNSHIP • ADAMS COUNTY
50 CHURCH ROAD, EAST BERLIN, PA 17316
PHONE: 717-624-4222 FAX: 717-624-7926

APPLICATION FOR WELL PERMIT

Please check and complete each category which applies to your complete project. If you have a concern of which parts you are to fill out, please feel free to contact Land and Sea Services @ 717-677-7356 for guidance. (Ordinance Reference 2014-01 for requirements) Call for an appointment to Land and Sea Services when you have completed your application and accompanying approvals to review your project for issuance of permit.

Property Owners Name: _____

Property Address: _____

Home Phone: _____ Cell Phone: _____

PERMIT FEES:

Well Construction/ Abandonment Permit: \$60.00

Well Repair/ Reconstruction: \$25.00

Geothermal Wells: \$60.00 x # _____ = _____

Paid: \$ _____ Date: _____ Check # _____ Cash: Receipt # _____

Paid: \$ _____ Date: _____ Check # _____ Cash: Receipt # _____

Paid: \$ _____ Date: _____ Check # _____ Cash: Receipt # _____

WELL CONSTRUCTION/ RECONSTRUCTION PERMIT

Please note that you must provide a well drillers report and a water quality report before approval is granted for use of the well.

Well Type: GHPS Potable Repair Reconstruction Abandonment

Well Driller License #: _____

GHPS: Pressure testing is required w/ water @ 100psi for 30min w/ no leaks observed.

Evidence MUST be provided. (Sec 104.9.B.2.g)

Inspection Date: _____ (Scheduled in 7 days) Inspectors Signature: _____

- All Geothermal Wells must be permitted separately. (No Chemical additives permitted.)
- Wells that use ground water for heating and cooling must meet all Isolation Distances. (GHPS & Potable)
- Delivery (supply) wells must be tested for all water quality requirements listed below.
- Discharge wells must discharge into same aquifer from which the supply came.
- EPA may require a permit for GHPS return wells: Federal Underground Injection Control (40 CFR 144.3).

[] Geothermal Heat Pump Systems (GHPS) Wells Isolation Distances

Well/ Borehole Location: _____

GHPS Type: [] Closed-Loop [] Open-Loop

Well Type: [] Delivery Well [] Discharge Well

Total Number of Boreholes or Wells: _____

Wells shall be located at a minimum distance from the following:

- Delineated wetlands, floodplains, lakes, ponds, other surface water – 50 feet, Actual: _____
- Stormwater pits – 50 feet, Actual: _____
- Storm drains, retention basins, stormwater stabilization ponds – 50 feet, Actual: _____
- Subsurface sewage absorption areas, elevated sand mounds, cesspools, sewage seepage pits – 100 feet, Actual: _____
- Spray irrigation site perimeter, sewage sludge and seepage disposal sites – 50 feet, Actual: _____
- Septic tanks, aerobic tanks, sewage pump tanks, holding tanks – 50 feet, Actual: _____
- Sewer drains, public sewer laterals – 5 feet, Actual: _____
- Preparation area or storage area of hazardous spray materials, fertilizers or chemicals, salt piles. (If borehole is cased and grouted inside and outside) – 300 feet (150 feet), Actual: _____
- Surface or subsurface containers or tanks of greater than 1000 gal. used for storage of materials that cannot be properly renovated by passage through soil. This includes, but not limited to, gasoline and all petroleum products. (If borehole is cased and grouted inside and out) – 300 feet (150 feet), Actual: _____
- Surface or subsurface containers or tanks 1000 gal. or less used for storage of materials that cannot be properly renovated by passage through soil. This includes, but not limited to, gasoline and all petroleum products. For example, the type of tanks frequently used in homes using oil for heating purposes – 100 feet, Actual: _____
- Identified NPL Site (Superfund site) plume area. – 300 feet, Actual: _____
- Property lines, all rights-of-ways, easement. – 10 feet, Actual: _____
- Any other source of pollution. – As Approved Actual: _____

[] Potable Water Wells Isolation Distances

Wells shall be located at a point free from flooding and a minimum distance from the following:

- Storm drains – 25 feet, Actual: _____
- Drains carrying domestic sewage/ industrial waste – 50 feet, Actual: _____
- Septic/ Holding Tanks – 50 feet, Actual: _____
- Surface/ subsurface sewage disposal fields – 100 feet, Actual: _____

- Sewage seepage pits/ cesspools – 100 feet, Actual: _____
- GHPS – 50 feet, Actual : _____
- Privies – 50 feet, Actual: _____
- Fuel tanks – As approved by Township Engineer, Actual: _____
- Other (ditches, streams, barnyards, rainwater pits, etc) – As approved by Township Engineer, Actual: _____
- Driveways – 10 feet, Actual: _____
- Principal structures/ dwellings – 20 feet, Actual: _____
- Property lines – 10 feet, Actual: _____

Approved for Construction **Denied for Construction – reason below.**

Well Drillers Report [Property Owner, Address & Lot #, Completion Date, Casing Depth, Well Depth, Static Water Level, Well Driller, Yield in Gals/Min, Casing Type & Size, Grouting Certificate, Type of Test Pump, Pump-Out in Gals/Min]
Date Received: _____

Water Quality Report [Coliform Bacteria, Nitrates, Iron, Hardness (equivalent calcium carbonates), Manganese, pH, Total Dissolved Solids (TDS)] - Date Received: _____

Note: An Approval of Operation or reason for denial shall be issued on the original permit upon inspection of reports to determine compliance with permit regulations. A Certificate of Occupancy associated with house construction will not be approved in the absence of an Approval of Operation issued under the terms and conditions of the Ordinance. A permit shall be in effect as of the date of Approval of Construction, and shall remain in effect for a period of **6 months**. A one-time extension request must be submitted to the Township in writing 10 working days before the expiration date of the permit. Extensions are limited to 30 calendar days.

Approved for Operation – Date: _____

Denied – Date: _____ Reason for Denial: _____

Owner/Applicant agrees to give permission to the Township and its representatives to enter property for purposes of completing all on-site inspections; that such work will be done in accordance with plans and specifications submitted; and will comply with all provisions of the applicable Township Ordinances as well as any county, state and federal regulations. **All improvements must be staked for inspections. Well Approvals are valid for 6 months from date of issuance.**

Owner/Applicant Signature: _____ **Date:** _____

Zoning/Code Enforcement Officer Signature: _____ **Date:** _____

READING TOWNSHIP ADDENDUM TO BUILDING PERMIT

For Completion by Township:
Date: _____
Permit #: _____

Name: _____

Address: _____

Contractor/Applicant's federal or state employer identification (EIN): _____

I. The contractor/applicant for the building permit, in compliance with the Workers' Compensation Reform Act, Act 44 of 1993, hereby submits: (check one):

- Workers' Compensation Certificate of Insurance. (Attach & Complete Section II)
- Certificate of Self-Insurance (Attach & Complete Section II)
- Affidavit of Exemption (Complete Section III)

II. If a certificate of insurance or self-insurance has been submitted, complete the following:

Insurance Company or Self-Insurer: _____
Workers' Compensation Policy #: _____ Effective Dates: _____

III. Claimed exemption, complete the following: (Contractors Must Notarize, Owners do not notarize)

- Applicant is an individual who owns the property.
- Contractor/ applicant is a sole proprietorship or partnership without employees.
- Contractor/ applicant is a corporation, and the only employees working on the project are executives who have elected not to be employees of the corporation for purposes of the Workers' Compensation Act pursuant to §22 of the Act. Explain:

All of the contractor/applicant's employees on the project are exempt on religious grounds under §484 of the Workers' Compensation Act and all employees have individually filed a written waiver and affidavit on forms supplied by the PA Dept. of Labor and Industry. Explain: _____

Other. Explain: _____

My signature on behalf of or as the contractor/applicant for this building permit constitutes my verification the statements contained herein are true and that I am subject to the penalty of 18 PA, C.S.A., §4904 relating to unsworn falsification to Authorities.

Signature

Print Name

Business/Company

Title

COMMONWEALTH OF PENNSYLVANIA:

:SS

COUNTY OF _____:

On this, the _____ day of _____, 20____, before me A NOTARY PUBLIC, the undersigned officer, personally appeared _____ known to me (or satisfactorily proven) to be the person whose name is subscribed to the within instrument and acknowledged that he/she executed the same for the purposes herein contained.

IN WITNESS WHEREOF, I hereunto set my hand and official seal.

Notary Public