



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:

Site Address:

City: State: PA Zip Code:

Municipality: Tax Parcel ID #:

(From Deed or Tax Bill)

Property Owner's Phone #: Well Permit #:

(If Applicable)

Please Choose One Option:

- I will have this well decommissioned by a CCHD Licensed Well Driller in accordance with the Chester 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 that the well shall be properly decommissioned in accordance with the Chester County Health Department's (CCHD) Rules and Regulations if at any time in the future the well meets CCHD's definition of an abandoned well.

Property Owner's Signature Date

Mail to: Chester County Health Department
601 Westtown Rd., Suite 288
West Chester, PA 19380-0990

Fax to: 610.344.5934

FOR OFFICE USE ONLY

In accordance with Chapter 500, subsection 501.4, the Chester County Health Department hereby grants your request to maintain he above referenced well.

CCHD Signature Date