



# Monitoring Well Application Required Information

A permit for the installation of a monitoring well will not be issued unless **all** information on this form is completed for each monitoring well application. It is a violation of the Chester County Health Department (CCHD) rules and regulations to drill a well without a permit.

[Monitoring Well Regulations](#)   [Instruction Sheet - please read before completing this form](#)

Application # \_\_\_\_\_  
Well Designation \_\_\_\_\_ Direct Core Push? \_\_\_\_\_ # of holes \_\_\_\_\_  
UPI of the property where the Monitoring Well will be drilled: \_\_\_\_\_

### Applicant Information

Applicant Name \_\_\_\_\_ Email \_\_\_\_\_  
Site Address \_\_\_\_\_  
City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**NOTICE:** The applicant is the owner of this well. The applicant or his/her successors is responsible for its operation and final decommissioning. The CCHD must be notified if ownership of the well and/or the property upon which it is located is transferred.

Applicant is a corporation \_\_\_\_\_  
Contact Name \_\_\_\_\_ Title \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contact Phone \_\_\_\_\_

Applicant Contact Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Property Ownership

This well is located on property owned by Applicant.    Yes    No\*

If the well is not located on property owned by applicant, please complete the following information:

Property Owner Name: \_\_\_\_\_  
Owner Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Property Owner Phone: \_\_\_\_\_

### Necessity for Well

Indicate the reason why the well is needed:    Contamination Event    Land Sale    Spill Detection  
 Other (Explain): \_\_\_\_\_

Is this well required?    yes    no - If yes, identify requiring agency \_\_\_\_\_

Diameter of well \_\_\_\_\_

*\*When a monitoring well will be constructed on property not owned by the applicant, evidence of an agreement between the applicant and the property owner must be submitted.*



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### Necessity for Well (cont'd)

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The well will be used for:

- Monitoring or remediation of a contaminated site
- Spill detection monitoring
- One time use or short term sampling

The well will remain in use:

- Until the contamination is cleaned up
- Permanently or long-term continuous monitoring
- For less than 1 year

The applicant/owner is responsible to submit any changes to the information on this form after it has been submitted to the CCHD.

By signing below, I acknowledge that I understand that I am responsible to report the status of this well to the CCHD annually. The applicant is responsible to notify the CCHD prior to decommissioning this well so that the proper decommissioning procedures can be observed.

\_\_\_\_\_  
Signature of monitoring well applicant/owner or assigned contact

\_\_\_\_\_  
Date