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WASHINGTON TOWNSHIP MUNICIPAL COMPLEX | ADMINISTRATIVE OFFICES  
11798 BUCHANAN TRAIL EAST, WAYNESBORO, PA 17268  
Phone: 717-762-3128 | Fax: 717-762-1775 [www.washtwp-franklin.org](http://www.washtwp-franklin.org)

## Application & Permit for WELL CONSTRUCTION

GEOHERMAL: Yes:  No:  Number of Wells:

IGSHPA Certification Number: \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Applicant Phone Number: \_\_\_\_\_

Owner Name: \_\_\_\_\_

Owner Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Owner Phone Number: \_\_\_\_\_

Work Location; Lot # / Address: \_\_\_\_\_

### Well Driller Information

Name / Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City & State: \_\_\_\_\_

Phone Number: \_\_\_\_\_

PA Certification Number: \_\_\_\_\_

Applicant / Owner / Contractor Signature: \_\_\_\_\_

**~ Please attach a sketch of the lot indicating the location of the proposed well. If applicable, annotate the location of the on-site septic system/holding tank, also any streams, swales or utilities traversing the property.**

### TO BE COMPLETED BY TOWNSHIP

Well Tag Number: \_\_\_\_\_ Date Tag Issued: \_\_\_\_\_ Tag Provided To  
Owner:   
Driller:   
Other:

Application Accepted & Permit Approved \_\_\_\_\_  
Date \_\_\_\_\_ Township Official \_\_\_\_\_

\_\_\_\_\_  
MNGR