

EAST LAMPETER TOWNSHIP

2250 Old Philadelphia Pike, Lancaster, Pennsylvania 17602

Phone: (717) 393-1567 / Fax: (717) 393-4609

WATER SYSTEM PERMIT APPLICATION

PROPERTY OWNER NAME: _____ Phone # _____

Present Address: _____ City/State/Zip _____

SITE ADDRESS: _____ City/State/Zip _____

Subdivision Name (If Known) _____ Lot # _____

APPLICANT PRINTED NAME: _____ Phone # _____

Applicant Address: _____ City/State/Zip _____

Applicant Signature: _____ Date _____

DATE OF ESTIMATED PROJECT COMPLETION _____ Email _____

CONTRACTOR: _____ Phone # _____

Contractor Address: _____ City/State/Zip _____

A) WATER SUPPLY: WELL (Circle one) (Water System Permit Fee: \$50)

- 1) Drilled 3) Dug
- 2) Bored 4) Other Supply Considered: (Give Details) _____

B) Type of Sewage Disposal: (Circle one) Private or Public **C) Type of Water Supply:** (Circle one) Private or Public

D) WATER SYSTEM: NEW (Circle one)

- 1) Individual 2) Semi-Public 3) Individual Constructed 4) Mobil Home Park
- 5) Mobil Home Space 6) Extended Mobile Home Park 7) Other _____

NOTE: PLEASE PROVIDE SITE PLAN ON REVERSE SIDE OF APPLICATION. Water System must be inspected and certified. Well must be (50') from Septic Tank and (100') from distribution box and/or drain field (DEP requirement, this includes neighboring properties). Applicant would be advised to have the new well water tested for potability. (Safe drinking water). Please show location of public sewer line on Plot Plan. New well must be 10' from sewer line.

It is the opinion of the East Lampeter Township Board of Supervisors that this system can be expected to function acceptably with proper maintenance. The acceptance of the requirements of the East Lampeter Township Board of Supervisors shall not be construed as a guarantee that the system will function satisfactorily nor shall it in any way restrict the powers or responsibilities of the East Lampeter Township Board of Supervisors in the enforcement of any law, ordinance or regulation to public health.

ESTIMATED COST OF CONSTRUCTION: \$ _____ **PROPERTY OWNER SIGNATURE** (Required) _____

The above applicant hereby makes application for a Water System Permit under all applicable ordinances of East Lampeter Township, and hereby certifies, under the penalties of perjury, that all facts set forth herein are true and correct and the actual work will be performed in accordance with the above.

FOR ZONING OFFICER USE ONLY

Permit # _____ Zoning District _____ Permit Fee: _____ Paid

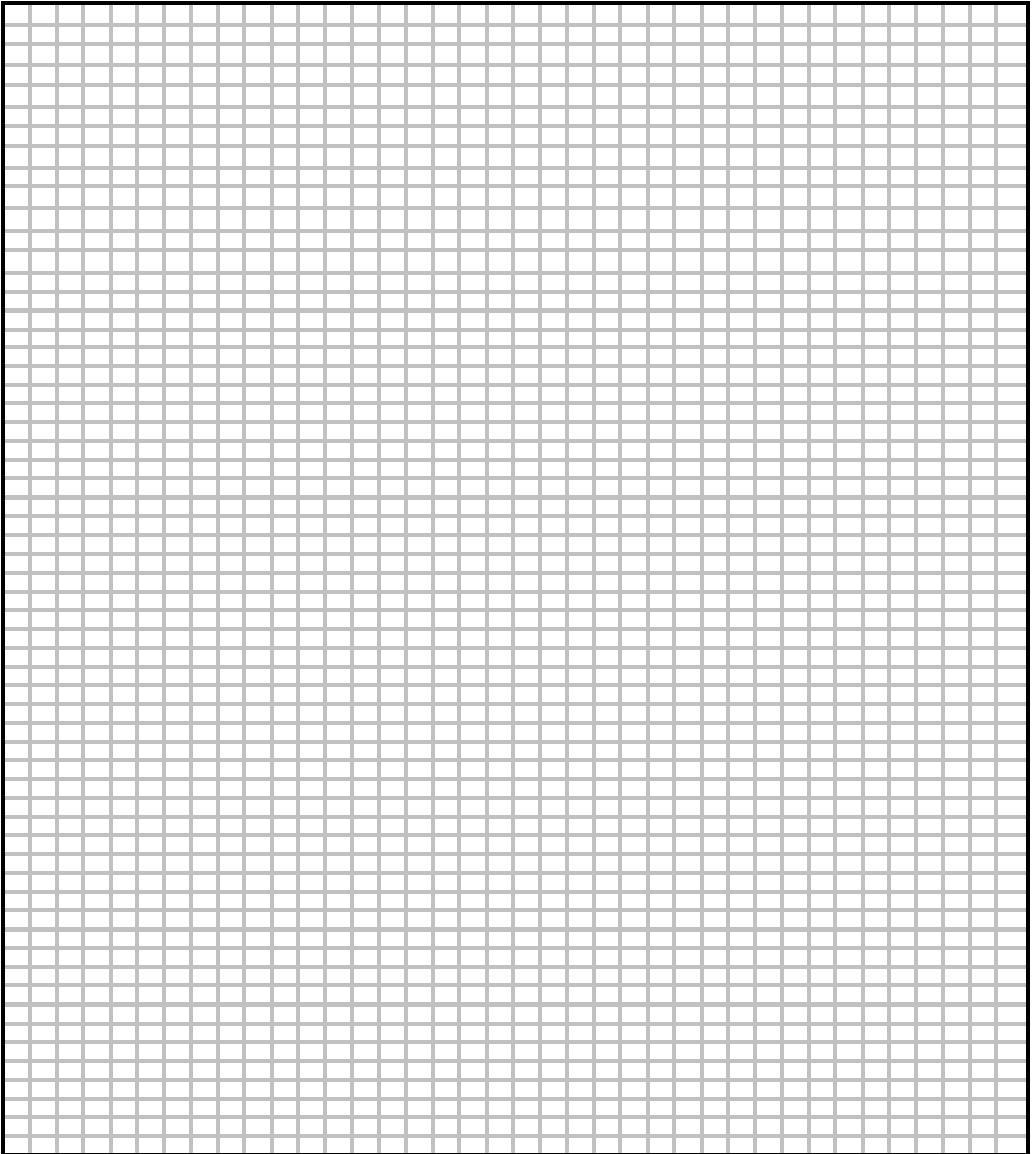
Date Application Received: _____ Date of Action: _____ Permit Granted / Permit Denied

Date Application Refilled: _____ Date of Action: _____ Permit Granted / Permit Denied

INSTRUCTIONS FOR DRAWING

Plan does not need to be drawn to scale, but must show the following:

1. Location and dimensions of lot.
2. Location of existing and proposed water wells and sewage disposal systems.



Workers Compensation Insurance Coverage Information

(Attach to Zoning and/or Building Permit Applications)

(If work is being done by homeowner you are exempt from this form)

A. THE APPLICANT IS:

A general contractor within the meaning of the Pennsylvania Workers Compensation Law
 Yes No

If the answer is "**YES**" complete Section (B), If "**NO**" complete Section (C).

B. INSURANCE INFORMATION:

Name of applicant: _____

Federal or State employer identification No. _____

Applicant is a qualified self-insurer for workers compensation.
 Certificate attached

Name of Workers Compensation Insurer: _____

Workers Compensation Insurance Policy No. _____
 Certificate attached

Policy Expiration Date: _____

C. EXEMPTION:

Complete Section C if the applicant is a contractor claiming exemption from providing workers compensation insurance. **(MUST GET NOTARIZED)**.

The undersigned swears or affirms that he/she is not required to provide Workers Compensation Insurance under the provisions of Pennsylvania's Workers Compensation Law for one of the following reasons, as indicated:

Contractor with no employees. Contractor prohibited by law from employing any individual to perform work pursuant to this building permit unless contractor provides proof of insurance to the township.

Religious exemption under the Workers Compensation Law.

Subscribed and sworn to before me this
_____ day of _____ 20____

(Signature of Notary Public)

My commission expires: _____

(SEAL)

Applicant Print Name _____

Address _____

County of _____

Municipality of _____