

SHOHOLA TOWNSHIP
WELL PERMIT APPLICATION

159 Twin Lakes Road, Shohola, PA 18458
570-559-7394 Fax: 570-559-7523

Owner's Name, Address & Phone Number:

Name and Address of Well Driller:

Property Location: _____

Subdivision: _____ Sec. _____ Blk. _____ Lot _____

911 Address: _____ Tax I.D.# _____

_____ **Residential** _____ **Commercial**

SITE PLAN:

The information is true & Correct	Permit # _____	I certify this well is in
Applicant's Signature _____	Fee _____	compliance with the
Check # _____ Enforcement Officer _____		Shohola Township
Well Driller's Signature _____		Well Ordinance

Final Inspection Date _____ E.O. in _____ Completion Report _____