

**LONGSWAMP TOWNSHIP
APPLICATION FOR A WELL OPERATION LICENSE**

Original License Application

License Renewal Application

Property Owner(s): _____

Address: _____

System Owner's Name: _____
(If different than Property Owner)

Address: _____

Phone Number: _____ Email: _____

Well Public Water Supply (PWS) Number (if applicable): _____

Date of Completion of Well Construction: _____

Estimated Well Usage: _____
(gallons per day)

If Residential Use: Number of Dwelling Units Served _____

Estimated Ultimate Service Area Population _____

Property Owner's Signature

Date

Property Owner's Signature

Date

To be Completed by Township

Fee: _____ Date Paid: _____

Code Official's Comments: _____

License Number: _____ New: _____ Renewal: _____

Date License Issued or Renewed: _____
(Valid for 3 Years)

Code Official Signature