

Required Well Information for Use and Occupancy of New Buildings In West Manheim Township

1. *Following the installation of the pumping equipment, or alterations, repair or maintenance work the well shall be pumped continuously until the water discharged is clear.* The well, pump, piping system, and other fixtures, shall be filled with water containing a concentration of not less than fifty (50) part per million (ppm) of free chlorine. A portion of the chlorine solution shall be circulated directly to the well in order to insure proper agitation.
2. *The water shall not be used for a period of twenty-four (24) hours.* Other combinations of concentration and time intervals or other disinfectants such as HTH Tablets may be used if demonstrated to be equally effective. One half ounce of dry hypochlorite (seventy (70) percent available chlorine) dissolved in fifty-two and one-half (52.5) gallons of water, makes a fifty (50) ppm strength disinfectant solution. Various proportions can be worked out. The purged water shall not be discharged into any subsurface sewage disposal system and shall not be discharged at a point so as to minimize adverse effect to aquatic life in streams, etc.
3. *After well disinfection, water samples shall be collected and analyzed* for pH, Total Solids, Iron, Nitrate-Nitrogen, and Coliform Bacteria. Copies of the analysis results from a Certified Laboratory shall be provided to the owner and the Township.
4. The following information is also required to be sent to the township office.
 - a. Pump Manufacturer
 - b. Pump Horse Power
 - c. Date Installed
 - d. Contractor
5. If pump and piping is not installed by the well driller, the owner is responsible for proper installation of check valves and backflow prevention valves,
6. Backflow prevention valves must be incorporated into the system and shall be used as needed for each outside water hose connection. At least two check valves must be incorporated into each water system that derives water from a well.
7. Except where not practical, a cross-connection prevention assembly shall be provided.

Please return this form to:
West Manheim Township Office
31 Fairview Dr. Hanover, P A 17331

Name

Address

Phone Number:

Required Well Information:

Date Installed: _____ Pump Manufacturer: _____

Pump Horse Power: _____ Contractor: _____

Certified Laboratory Results Included: Yes: _____ No: _____

Please retain this copy for your own personal records:

Name _____

Address _____

Phone Number: _____

Required Well Information:

Date Installed: _____ Pump Manufacturer: _____

Pump Horse Power: _____ Contractor: _____

Certified Laboratory Results Included: Yes: _____ No: _____