

ZONING

234 Attachment 3

**Township of Nockamixon
APPENDIX A**

Example Neighbor Notification Letter with Example Access Agreement

(See § 234-114)

[Added 9-21-2023 by Ord. No. 174]

Date

[Name of Resident]

[Address]

Revere, Pennsylvania 18953

Re: Groundwater Pump Testing for Proposed Project Name, Nockamixon Township, Bucks County, Pennsylvania.

Dear Resident,

Groundwater pump testing for proposed groundwater withdrawals of up to _____ gallons per day from Proposed Project Name, located at _____, being TMP No. _____ (the "Lot in Question") has been tentatively scheduled for the week of _____, 20__.

_____ new wells are/will be located on the Lot in Question. The purpose of the wells is _____. One of these wells will be pumped and the remaining _____ wells will be monitored to determine aquifer coefficients and interference effects as per the Groundwater Protection and Water Wells provisions of the Nockamixon Township Zoning Ordinance. All test activities will be conducted in accordance with the Zoning Ordinance.

Your well or other groundwater source (e.g., spring) is located within _____ feet of the boundary of the lot on which a test well is proposed (Neighbor Notification Distance), and, in accordance with the Zoning Ordinance, you are hereby notified of the pending pump test. You may request that the water level in your well or other groundwater source be monitored during the pump test.

If your well or other groundwater source is monitored, the water-level measurements will be used to directly determine water-level drawdown interference effects from the proposed new wells and/or increased groundwater withdrawals on your groundwater source. The test will be enhanced if you are able to not use for well or other groundwater source for the duration of testing; however, non-usage is not required. If your groundwater source is not monitored, then the Applicant's hydrogeologist and the Township's appointed hydrogeologist will calculate potential water-level drawdown interference effects on your well from the data obtained from other wells observed during the test.

The costs of extending, restoring or replacing a well and any ancillary well equipment (e.g., well hardware such as pumps and wires) damaged as a result of testing shall be the responsibility of the applicant.

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If you would like to participate in the monitoring of water levels during the groundwater pump test, please sign and return the enclosed Access Agreement form. The Access Agreement form should be returned to _____ on or before _____, 20__ . In addition, please include copies of all well construction details and a geologic log that you may have for your well. Based on the level of response to this request, not all well owners that request monitoring may be included in the test. The final decision of the number of wells to be monitored will be made by the Township and, as applicable, the Bucks County Health Department, the Pennsylvania Department of Environmental Protection, and/or the Delaware River Basin Commission.

If your well or other groundwater source is monitored during the pump test, the Applicant's hydrogeologist will conduct the following activities on your well and/or other groundwater source:

1. Collect a pre-test water sample, such as from a tap such as at your kitchen sink. The water sample will be analyzed for the presence/absence of bacteria in your groundwater.
2. Remove the top of your well to gain access. In the case of other groundwater sources, the Applicant's hydrogeologist will need to gain access to any structures (e.g., springhouses) or areas on your property where the groundwater sources to be monitored are located. All equipment placed into your well or other groundwater source for the test will be cleaned with a disinfectant to prevent the introduction of bacteria into your well or other groundwater source.
3. Install access tubing (dip tube) into the well, if necessary, to prevent the accidental entanglement of measuring equipment with pump discharge piping and pump wiring.
4. Install a pressure transducer with a data logging device in the dip tube. This instrumentation will be used to measure water level changes in your well and will be installed at least 24-hours before the start of pumping. Other equipment may be used to monitor non-well groundwater sources.
5. Install a temporary cover over your well to prevent rainwater or foreign matter entering your well. The Applicant's hydrogeologist will also take similar precautions as to other groundwater sources.
6. Periodically check your well, during the pump test, to directly measure water levels with an electronic measuring device or to download data from the pressure transducer. Similar monitoring of other groundwater sources will occur during the pump test.
7. Remove the pressure transducer and dip tube installed in your well for the pump test, and any equipment installed in or around other groundwater sources.
8. Add sufficient chlorine to your well to disinfect your well prior to replacing and securing the cap on your well. The water in your house should be run at all taps to ensure

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adequate disinfection of the entire water supply system. After chlorine is noted at each tap, an outside tap can be used to further pump the well and dissipate the chlorine. The addition of chlorine will most likely result in a chlorine odor for one or more days.

9. Collect a post-test sample from the tap sampled prior to the test and analyze the sample for the presence/absence of bacteria.

If you require additional information regarding the groundwater pump test, please contact the Township Manager at 610-847-5058.

Sincerely,

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Access Agreement

All expenses related to the performance of the groundwater pump test will be borne by the Applicant for Proposed Project Name. The costs of extending, restoring or replacing a well and any ancillary well equipment (e.g., well hardware such as pumps and wires) or similar equipment for other groundwater sources damaged as a result of testing shall be the responsibility of the Applicant. However, access to neighboring wells must be provided by the owners of those properties. All reasonable precautions will be observed by the applicant, the Applicant's hydrogeologist, and the well driller to avoid damage to any adjacent residential property including both the well itself and its surroundings.

The owner of the neighboring well or groundwater source, who signs below, agrees to provide access to a commonly used tap for the collection of water samples prior to and after testing for bacteria analysis. After the initial water sample is collected, the well will be opened to permit access to measure water levels and the well will remain unsealed during the testing process which will be a maximum of 72 hours. A dip tube may be installed within your well to facilitate the measurement of water levels.

All equipment placed in your well will be cleaned to minimize the potential introduction of bacteria. However, to ensure that no bacteria are accidentally introduced into your well during the testing process, chlorine will be added to your well at the conclusion of the testing procedures. If you would prefer that chlorine not be added to your well, please check the box below the signature line.

With your signature and submittal of this form, you request participation in the monitoring of water levels during the pump test on the Lot in Question, in accordance with the Water Resource Development provisions of the Nockamixon Township Zoning Ordinance, and that you have read and accept the requirements of this form.

Resident Signature _____ Date _____

Resident Name (Print) _____ Address _____

No-Chlorine Option: _____ (Initials) Please do not add chlorine to my well or other groundwater source at the conclusion of testing. I understand and will accept responsibility that bacteria may have been accidentally introduced into my groundwater source.