



John W. Beckley, M.P.H.
Director/Health Officer

OFFICES AT:

**Administration
Environmental Health Division**
Route 12 County Complex
Building 7
Flemington, NJ 08822-2900
Phone: (908) 788-1351
Fax: (908) 782-7510
E-Mail:
health@co.hunterdon.nj.us

**Public Health Preparedness and
Epidemiology Division**
Route 12 County Complex
PO Box 2900
Flemington, NJ 08822-2900
Phone: (908) 806-5190
Fax: (908) 806-5194
E-Mail: bt@co.hunterdon.nj.us

**Public Health Nursing
and Education Division**
Route 31
Community Services Annex
PO Box 2900
Flemington, NJ 08822-2900
Phone: (908) 806-4570
Fax: (908) 806-5503
E-Mail
phn@co.hunterdon.nj.us

**HIV Counseling and
Testing Site**
Route 31
Community Services Annex
PO Box 2900
Flemington, NJ 08822-2900
Phone: (908) 806-4893
Fax: (908) 806-4739

Mosquito/Vector Control
Route 12 County Complex
PO Box 2900
Flemington NJ 08822-2900
Phone: (908) 788-1351
Fax: (908) 788-1597
E-Mail:
trainey@co.hunterdon.nj.us

COUNTY OF HUNTERDON

DEPARTMENT OF HEALTH

Rt. 12 COUNTY COMPLEX, BLDG. #1, 2nd Floor
P.O. BOX 2900
FLEMINGTON, NJ 08822
www.co.hunterdon.nj.us/health.htm

Application to Construct/Modify/Replace/Establish A Public Non-Community Water System

1. Township _____ Block: _____ Lot: _____

2. Owner Information:

Owner _____

Mailing address _____

City _____ State _____ Zip _____

Phone #: _____ Fax #: _____

3. System information

System Name: _____

Name of System Contact: _____

Street address of system: _____

Mailing address of System: _____

City: _____ State: _____ Zip: _____

4. Application is for the approval of the following:

- New Public Noncommunity Water System
- Modification to an existing Public Noncommunity Water System
- Additional well
- Treatment (must complete #5)
- Other: _____

5. Treatment Installation

Type of process: _____

Attach specifications for designed unit along with application rate of chemicals to be applied.

Contaminant to be removed: _____

Company installing treatment: _____

Company maintaining system: _____

Township Permit number: _____

6. For New additional/System modifications:

Name of Professional Engineer (who will submit plans, specifications and engineer's report):

Engineer: _____

Telephone #: _____ Fax #: _____

Email address: _____

NJ Licensed Well Driller: _____

License #: _____

Telephone #: _____ Fax: _____

Very Small Water System Operator (Nontransient systems only)

Name: _____

License #: _____ Classification: _____

Telephone #: _____ Fax: _____

Email address: _____

Note for licensed operators: if they are not employed full time by the owner, then complete the individual contracted to license the system, not the employing agency.

By signing below you are acknowledging that all provisions of NJAC 7:10 et seq will be adhered to. Also, for all new nontransient systems, a Certification of Compliance for new wells/systems will not be issued by the Hunterdon County Department of Health until the owner has provided all design requirements for technical, managerial, financial capacity review by the NJDEP under NJAC 7:10-13.

Signature of Applicant

Date