

HUNTERDON COUNTY HEALTH DEPARTMENT

WELL APPLICATION

Receipt #: _____
Fee: _____

Location of Property: Municipality _____

Block: _____ Lot: _____ Street: _____

Owner of Property: _____

Address: _____

Well Driller: _____ Lic. # _____

- Check off Type Of Well:
- NEW CONSTRUCTION DOMESTIC
 - REPLACEMENT DOMESTIC
 - IRRIGATION/AGRICULTURAL
 - WELL ABANDONMENT
 - NEW CONSTRUCTION NONCOMMUNITY
 - REPLACEMENT NONCOMMUNITY
 - GEOTHERMAL (only Open-loop systems)

Please Note: For all replacement wells, the existing well, once no longer in use, as per 7:9AD-1.1 et seq., must be properly decommissioned, with inspection, by a licensed well driller of the proper class and documentation shall be submitted to this department and NJDEP. Well can also be reclassified for irrigation/agricultural use.

Well Driller Diagram: For replacement wells, must show existing well, septic system and proposed well location. For well abandonment show distance and location of well to house and nearest public road

HEALTH DEPARTMENT USE

Date Stamp

NJDEP PERMIT NUMBER: _____ **PERMIT EXPIRATION DATE:** _____

I agree to install this portable water well in accordance with the information provided in this application, the provisions of Standards for the Construction of Public Non-Community and Non-Public Water Systems and any applicable, local ordinances:

Date: _____ Driller: _____

NOTE TO DRILLERS:

Wait at least one hour after scheduled inspection time before setting casing and proceeding with grouting. All fees must be paid prior to field installation.

The applicant is responsible for obtaining all other required Federal, State or local approvals prior to the commencement of work under this approval, including but not limited to, NJDEP permits to conduct activities in freshwater wetlands, freshwater wetland transition areas, or flood plain jurisdictions. Failure to obtain these permits prior to conducting regulated activities within these areas may result in removal of the well and or the assessment of significant civil penalties.

FOR HEALTH DEPARTMENT USE ONLY

Field Notes: _____ New Well Casing Depth: _____

_____ New Well Casing Thickness: _____

Old Well On Property To Be Abandoned: Yes No New Well Grouting Method:

Well Abandonment Approved: Yes No _____ Pressure Gravity Drill And Drive

Initial Date

Inspection Date: _____ Inspector: _____