



110 Fifth Street, Suite 500  
Salem, New Jersey 08079  
856-935-7510 ext. 8448  
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## WELL PERMIT APPLICATION

### Permit Application Type:

New Construction \_\_\_\_\_ Replacement \_\_\_\_\_ DEP Permit No. \_\_\_\_\_

### Type of Well:

Domestic \_\_\_\_\_ Non-Public \_\_\_\_\_ Public-Non Community \_\_\_\_\_ Public-Community \_\_\_\_\_  
Irrigation \_\_\_\_\_ Geothermal \_\_\_\_\_ Industrial \_\_\_\_\_ Other \_\_\_\_\_

Municipality \_\_\_\_\_ Block No. \_\_\_\_\_ Lot No. \_\_\_\_\_

Well Location- Street Address Zip \_\_\_\_\_

Name of Applicant (print): \_\_\_\_\_

Applicant's Present Address: \_\_\_\_\_

Applicant's Phone Number: \_\_\_\_\_

Applicant's Email Address: \_\_\_\_\_

Proposed Depth: \_\_\_\_\_

Diameter of Well: \_\_\_\_\_

Depth of Casing: \_\_\_\_\_

Diameter of Casing: \_\_\_\_\_

Drill Method: \_\_\_\_\_

Method of Sealing: \_\_\_\_\_

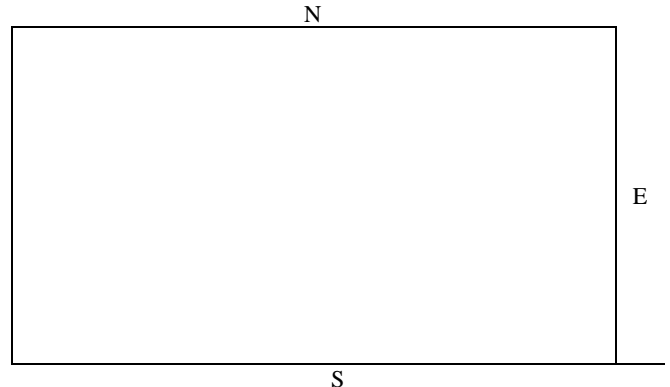
Location of Pump: \_\_\_\_\_

Pump Capacity: \_\_\_\_\_

Aquifer Impacted: \_\_\_\_\_

Old Well to be Sealed: Y / N \_\_\_\_\_

Dwelling/Facility Type: \_\_\_\_\_



Site Sketch should include the following:

1. Dimensions of lot and location to streets.
2. Locations of all buildings w/in 100ft. of water source.
3. Location of proposed water supply.
4. Location of all existing and proposed sewage systems w/in 150ft.

The undersigned agrees to construct the proposed water supply system in accordance with N.J.A.C. 7:9D *Well Construction and Maintenance: Sealing of Abandoned Wells* Amended 2018.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

Name of Well Driller (Print) \_\_\_\_\_ License Number \_\_\_\_\_

Signature of Well Driller \_\_\_\_\_ Date \_\_\_\_\_

### FOR AGENCY USE ONLY

PERMIT NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

Name and Title \_\_\_\_\_

Signature of Authorized Agent \_\_\_\_\_ Date of Action \_\_\_\_\_



