



110 Fifth Street, Suite 500  
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## WELL INSTALLATION REQUEST FORM

STATE PERMIT #: \_\_\_\_\_ COUNTY PERMIT #: \_\_\_\_\_

MUNICIPALITY: \_\_\_\_\_

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

APPLICANT'S NAME: \_\_\_\_\_

APPLICANT'S  
MAILING ADDRESS: \_\_\_\_\_

INSTALLATION  
STREET LOCATION  
(If different): \_\_\_\_\_

WELL DRILLER: \_\_\_\_\_

DATE TO BE DRILLED: \_\_\_\_\_ TIME TO BE DRILLED: \_\_\_\_\_

PUMP INSTALLER: \_\_\_\_\_

DATE OF INSTALLATION: \_\_\_\_\_ INSTALLATION TIME: \_\_\_\_\_

EMERGENCY WELL? : Yes \_\_\_\_\_ No \_\_\_\_\_

REASON FOR  
EMERGENCY: \_\_\_\_\_

**Note:** Requests for Inspection shall be made no later than **twenty four (24) hours prior** to the day of the start of all well installations. Other than emergency wells, **both** permit #'s must be indicated. Under no condition may any well be drilled without indicating the state permit #. There are no exceptions to these conditions. An occurrence of non compliance will result in a notice of violation

The hard copy of the county permit for emergency wells is expected to be submitted **immediately**. Your cooperation with forwarding copies of the state and county permits (for emergency wells) along with this request is appreciated.