

SALEM COUNTY DEPARTMENT OF HEALTH

WSS PERMIT # _____
VALID UNTIL _____
SIGNED _____

98 Market Street
Salem, NJ 08079
(856) 935-7510, Ext 8470
Fax (856) 935-8483

Date _____
Check # _____

Application for Construction of a Proposed Individual/Non-community Water Supply System becomes null and void on the expiration date.

WELL PERMIT APPLICATION

PROPERTY OWNER IS RESPONSIBLE FOR SUBMITTING A WATER ANALYSIS REPORT TO THE HEALTH DEPARTMENT. (SEE ENCLOSED BLUE SHEET)

Municipality _____ Date _____

Location _____ Block _____ Lot _____

Owner's Name and Address _____

Type of Building to be served _____

Maximum Occupancy _____ Required Gallons per Day _____

Type of Well (method) _____ Other Source of Supply _____

Estimated Depth of Well _____ Diameter of Well _____

Depth of Casing _____ Diameter of Casing _____

Method of Sealing _____

Location of Pump _____ Capacity _____

Storage Facilities (if any) _____

Treatment Facilities (if any) _____

(Complete this section if this is a non-community water supply system)

Number and Type of Realty Improvements to be served _____

Estimated Water Demand in Gallons per Day and Basis of Estimate _____

Size of Water Main Proposed _____

On the back of this application make an accurate sketch showing all pertinent distances and locations of the following:

1. Dimensions of lot and location as to streets and/or landmarks
2. Locations of all buildings within 150 feet of water source
3. Location of proposed water supply system
4. Location of all existing and proposed sewerage facilities within 150 feet of well
5. Proximity of storm water drainage or other source of pollution
6. Location of any abandoned sewage disposal area on the building lot

NJ Division of Water Resources Approved Permit Number _____

NJ Division of Water Resources Diversion Permit Number _____

The UNDERSIGNED agrees to construct the described Water Supply System in accordance with the provisions of Chapter 199, P.L. 1954 and Standards for the Construction of Water Supply Systems for Realty Improvements and Applicable State and Local Regulations.

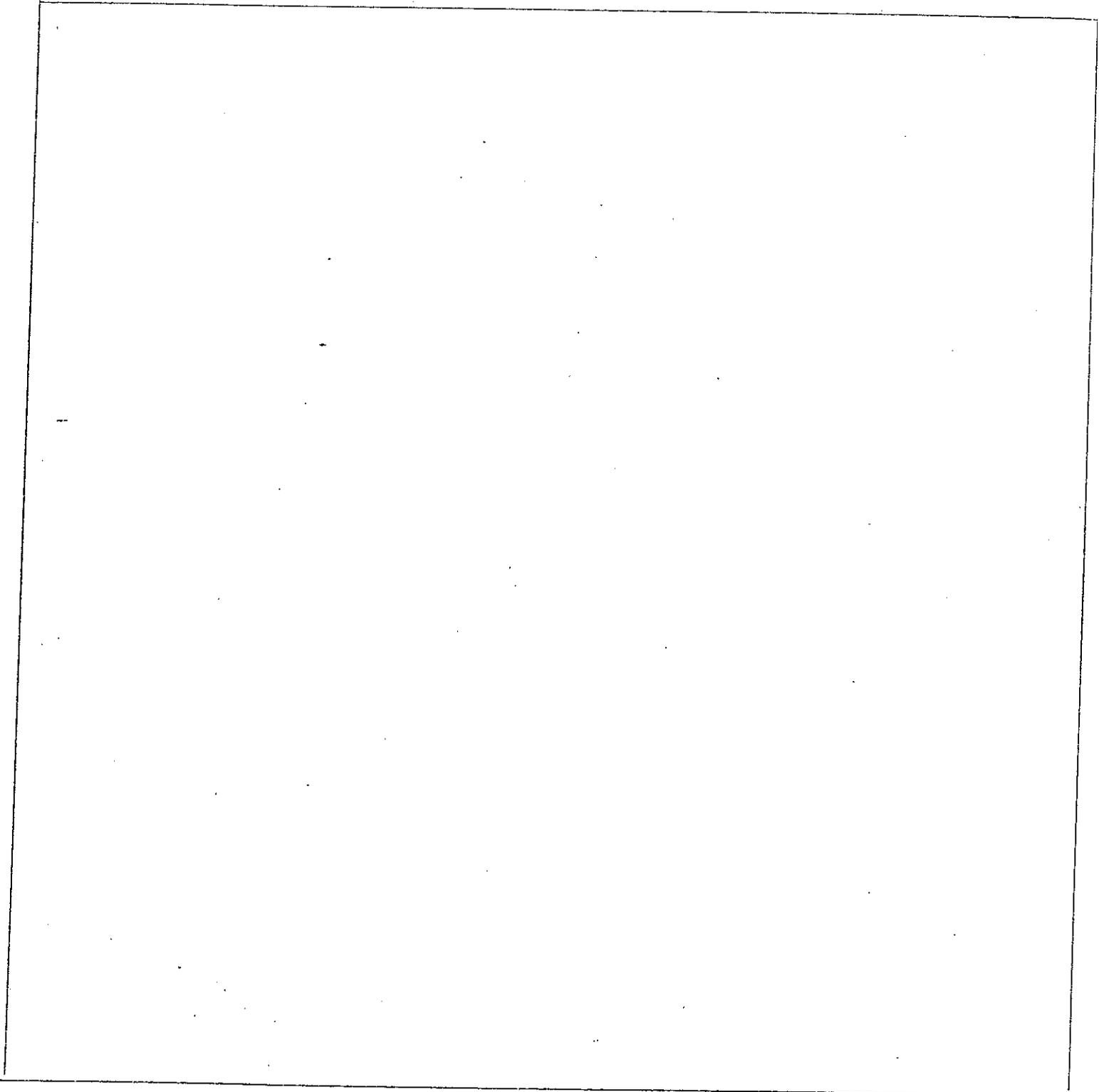
Name of Engineer or Well Driller _____ License Number _____

Address of Engineer or Well Driller _____

Signature of Engineer or Well Driller _____

Signature of Property Owner, Present Mailing Address, and Telephone Number _____

Existing, New, or Municipal Sewage _____



KEY MAP

EXISTING OR NEW HOME

