

WELL PERMIT CHECKLIST

APPLICANT: _____ Road Name: _____

TAX MAP Sheet/Block/Lot _____ Date Submitted: _____

Name of Project (If Any): _____

Signature of Applicant: _____

	<p style="text-align: center;">TO ALL APPLICANTS: If your application lacks any of the below requirements, circle the items and in the remarks column, provide an explanation</p>	Well Construction Permit	REMARKS
1	3 copies of a completed Well Construction Permit Application	X	
2	3 copies of the State Well Permit obtained from the NJDEP, Bureau of Water Systems and Well Permitting (BSW & WP), P.O. Box 426, Trenton, NJ, 08625-0426, 609-984-6831.	X	
3	3 copies of the Hunterdon County Department of Health Receipt obtained from the Hunterdon County Health Department, P.O. Box 2900, Flemington, NJ, 08822, 908-788-1351.	X	
4	3 copies of plot plan showing the location measured from at least two property or main structure corners, of all new well(s), all pre-existing well(s), all existing subsurface disposal areas and all soil test points (e.g., percolation test pits) for potential subsurface disposal areas. All identifiable pre-existing wells and existing subsurface disposal areas shall include those on adjoining properties that are located within two hundred (200) feet of the subject property. Latitude and longitude for the new and pre-existing wells shall be recorded.	X	
5	One copy of the plat in electronic pdf format is required to be submitted at the time of the application. Please submit on a CD.	X	
6	Certification of taxes paid as current at time of submission of application is to be obtained from the Township Tax Collector	X	
7	If hydrofracking is necessary, the hydrofracking form should be submitted prior to drilling.	X	
8	\$200.00 application fee	X	