

**Kingwood Township
Notification of Three-Part Pump Test**

Date: _____

Name of Notified: _____

Address: _____

City, State, Zip Code _____

RE: Three-Part Pump Test for New or Altered Well Located:

Block _____ **Lot(s)** _____

Address of Test: _____

**Kingwood Township
Hunterdon County, New Jersey**

Dear _____:

As per Kingwood Township Board of Health Ordinance, Section 153-28.A.1, owners of existing wells on lots located within 200 feet of the property boundary of a proposed new or altered well, as applicable to § 153-25.1 Table 1, shall receive notification of the scheduled well test(s) from the applicant, via certified mail, 4 weeks prior to the well test date. It has been determined your property falls within those requirements.

A new well will be located on Block _____, **Lot(s)** _____.

The purpose of the wells is _____.

Testing is scheduled for _____.

If more than 0.5” of precipitation falls on the testing date, testing will be conducted on the alternate date of _____.

You are hereby notified of the pending Three-Part Pump Test. Your well will NOT be monitored during this test as this is only a notification of the test date and location on an adjacent property.

If you require additional information regarding the three-part pump test, please contact the Kingwood Township Board of Health Secretary, bohsecretary@kingwoodtownship.com.

Sincerely,