

Notice of Three Part Pump Test

Date

Owner's Name

Address

City, State & Zip Code

**Re: Three Part Pump Test for Block __, Lots _____
_____ Kingwood Township
Hunterdon County, New Jersey**

Dear _____,

As per Kingwood Township Board of Health Ordinance, Section 153-28, 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.

_____ new well(s) are/will be located on Block __, Lots____, the Lot in Question. The purpose of the wells is _____. The testing is scheduled for _____. If more than 0.5" of precipitation falls on the testing date, the testing will be conducted on _____.

Your property is located within 200 feet of a boundary of the Lot in question, and, in accordance with the Kingwood Township Well Ordinance, you are hereby notified of the pending three part pump test. Your well will not be monitored during this test and this is only a notification of the test date and location.

If you require additional information regarding the three part pump test, please contact Diane Laudenbach, Board of Health Secretary, Mondays, Wednesdays and Fridays between the hours of 9:00 AM and 3:00 PM at 908-996-4276 x 226.

Sincerely,