



Phone (856) 218-4170 Email: Envhealth@co.goucester.nj.us

Well Decommissioning Inspection Application Requirements

Please complete the attached well decommissioning application and submit electronically with payment via the QR code above

The fee for a single septic or well abandonment is \$150.00. If the septic and well are both being abandoned on the same property, both applications can be submitted at the same time for \$200.00.

Well Abandonment applications are reviewed and inspected by CME. If the septic and well are both being abandoned at the same time, CME would perform both of those inspections concurrently.

Provide the Municipality, Block, Lot, Property Address, Mailing Address, Contact Person's Name and Contact Person's Phone Number.

Provide a sketch of the property showing the road, location of all existing structures, location of the well and sewage system to be abandoned and any other information which may be helpful. Directions to the property may also be needed.

Well abandonment

- Must be performed by a New Jersey Licensed well driller.
- You must submit a D.E.P. well abandonment report for each well abandonment.

Once you have provided the above information you will then need to schedule their onsite inspection via the online portal.

DECOMMISSIONED WATER SUPPLY SYSTEM INSPECTION REQUEST

NAME OF PROPERTY OWNER _____

MAILING ADDRESS _____

PROPERTY LOCATION (Street Address) _____

NAME, ADDRESS, and EMAIL OF CONTACT PERSON (If different than property owner)

CONTACT PERSON'S PHONE NUMBER: _____

MUNICIPALITY _____ BLOCK _____ LOT _____

WATER SUPPLY SYSTEM DETAILS (Attach sketch of property if available)

NUMBER OF WATER SUPPLY SYSTEMS ON THE PROPERTY _____.

NJDEP Water Supply ID number (PWSID):_____. Year PWSID number obtained. _____.

LOCATION OF WATER SUPPLY WELL RELATIVE TO BUILDING (e.g., front of house, behind house etc.):

REASON FOR WATER SUPPLY TO BE DECOMMISSIONED :(e.g., new well installed, connected to municipal water etc.)

SIGNATURE OF PROPERTY OWNER: _____ Date signed: _____

Office Use Only

Water Supply decommissioned to the satisfaction of the CME: Yes / No

Name of NJDEP certified Well Sealer:_____.

Date of Well Decommissioning inspection:_____.

Date Decommissioning Report Received:_____.

Signature of inspector:_____.

ADDITIONAL COMMENTS: _____

_____.