

GLOUCESTER COUNTY DEPARTMENT OF HEALTH
 204 E. Holly Avenue
 Sewell, New Jersey 08080
 (856) 218-4170

**Water Source
 Well Installation**

New Replacement Backup
 (as defined by N.J.A.C. 7:19-1.1 et seq.)

| Facility Name | PWSID# | Location Address | Municipality | Block | Lot |
|--|--------|------------------|------------------|-------|-----|
| NJDEP Well Permit Number: _____ | | | YES NO N/A | | |
| 1. Are there any Major or Minor pollutant sources as defined by N.J.A.C. 7:10 – 11.4 (a) 4 and 5? If so, please list them: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| Major Pollutant Sources: _____ Minor Pollutant Sources: _____ (Attach Report Outlining Pollutant Sources.) | | | | | |
| 2. Does the well meet all minimum distance requirements in accordance with N.J.A.C. 7:9D and N.J.A.C 7:10-12.12? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 3. Is down facing well casing vent located at least 12 inches above flood level? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 4. Will the well be followed by a raw tap located prior to all water system components? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 5. Will there be a check valve immediately following the raw tap? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 6. Is there proper drainage around the well building or well head <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 7. Does the proposed pumping capacity and the total yield from each water source meet the requirements set forth in N.J.A.C. 7:10-12.6? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 8. Does the proposed well pump meet ANSI/NSF Standard 61? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 9. Will there be a raw pressure/storage tank installed? Does the proposed tank meet ANSI/NSF Standard 61? <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |
| 10. Will the well provide water to any non-potable sources? (e.g. irrigation, fire suppression). If so, please provide estimated daily water usage calculations on separate sheet. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | |

REQUIRED FORMS:

Are the following forms attached or have been submitted:

1. Gloucester County well permit application?

2. Well Drilling Permit from the Bureau of Water Allocation and Wells?

**Well records must be submitted to the NJDEP within 90 days of well construction and a copy sent to the Gloucester County Department of Health*

***Submit appropriate plans, specifications, reports, etc. to substantiate your answers. ***

(Plans must include placement of raw tap/check valve, and raw tank/other system components. Specifications for well pump and other system components (e.g. raw pressure tank) is also required)

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

[Redacted]
Signature of Applicant/Owner

Date