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.)

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>PWSID#</th>
<th>Location Address</th>
<th>Municipality</th>
<th>Block</th>
<th>Lot</th>
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NJDEP Well Permit Number: _________________________

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:
   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?

3. Is down facing well casing vent located at least 12 inches above flood level?

4. Will the well be followed by a raw tap located prior to all water system components?

5. Will there be a check valve immediately following the raw tap?

6. Is there proper drainage around the well building or well head

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?

8. Does the proposed well pump meet ANSI/NSF Standard 61?

9. Will there be a raw pressure/storage tank installed? Does the proposed tank meet ANSI/NSF Standard 61?

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.
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.

__________________________
Signature of Applicant/Owner

____________
Date