

BURLINGTON COUNTY HEALTH DEPARTMENT

15 Pioneer Blvd., P.O. Box 6000, Westampton, NJ 08060

APPLICATION FOR CERTIFICATION OF A PROPOSED INDIVIDUAL WATER SUPPLY SYSTEM

- NEW CONSTRUCTION *If property will also be served by a septic system, no action will take place until both applications have been received*
- ALTERATION*
- REPLACEMENT **
- EMERGENCY (no water) **

FOR COUNTY USE ONLY

County No. _____

Date Received _____

INSTRUCTIONS TO THE APPLICANT:

Four (4) copies of the application must be submitted. Only clear, legible copies will be accepted. The white copy must be original. Only one copy will be returned to the owner after approval. Each copy of the application must be accompanied by a surveyor's plot plan or sketch (preferably drawn to scale) showing all pertinent distances and locations of the following:

(SKETCH MAY BE OMITTED IF SUBMITTED IN CONJUNCTION WITH SEWAGE DISPOSAL DESIGN)

- Dimensions of lot with property lines labeled
- Location of all buildings within 150 feet of water source
- Location of proposed water supply system
- Location of all existing water and sewerage facilities within 150 ft. radius of well & proximity to storm drains or other sources of pollution (200 ft. radius for public noncommunity wells)
- Location of fuel storage tank, if any
- Any other data which may affect the system should be included

NOTE: The Health Department shall issue or deny certification of this application within fifteen (15) days after receipt. The certification will not be issued until the property has been physically inspected by a representative of this department.

OWNER of PROPERTY _____ PHONE _____

MAILING ADDRESS _____

MUNICIPALITY _____ BLOCK _____ LOT _____

STREET ADDRESS _____

LOCATION: Give directions to property from Mt. Holly, to include landmarks & distances in order that the inspector may locate the site.

WELL HEAD: Pitless Well Cap Sanitary Well Seal

TYPE OF BUILDING TO BE SERVED: Individual Dwelling (non-public) Other-Specify _____

IS MUNICIPAL WATER LOCATED WITHIN 200 FEET OF PROPERTY LINE? YES NO

Depth of Well _____ Diameter of Well _____ Type of Casing _____

Pressure Line _____ Suction Line _____ Type of Screen _____

Size of Annular Space _____ Grouting Material _____ Grouting Method _____

Type of Pump & Capacity _____ Type of Storage Facility & Capacity _____

Method and Substance Used for Disinfection _____

Method of Venting Well - Describe _____

Type of Water Treatment System (if required) _____

Method of Backwash Disposal _____ (Sodium content of finished water should not exceed 50 mg/l)

***DESCRIPTION OF WORK TO BE PERFORMED:**

NJDEP PERMIT NO. _____ Distance from Supply Line to Building Sewer _____

** Existing well shall either be properly sealed or a permit for change of well use must be obtained from NJDEP. Evidence of either must be submitted to this department prior to final certification.

The undersigned agrees to construct the described water supply system in accordance with the provisions of the New Jersey Safe Drinking Water Act Regulations (NJAC 7:10-12) and those established by local ordinance, where said local ordinance prescribes higher standards than those promulgated by NJDEP. **Certified by:**

NAME OF WELL DRILLER _____ LICENSE NO. _____

MAILING ADDRESS _____ PHONE NO. _____

NAME OF PUMP INSTALLER _____ LICENSE NO. _____
(if other than driller)

SIGNATURE OF DRILLER

SIGNATURE OF OWNER or AUTHORIZED AGENT

SIGNATURE OF PUMP INSTALLER