

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.

Signature of Applicant/Owner

Date