



Abandonment/Decommissioning Inspection Application Requirements

Phone (856) 218-4170 Fax (856) 218-4161

Please complete the attached well abandonment/decommissioning application and submit to the Gloucester County Department of Health located at:

Gloucester County Department of Health
204 East Holly Ave
Sewell NJ 08080

Checks made payable to “The County of Gloucester” money orders are accepted at this time. The fee for a single septic or well abandonment is \$75.00. If the septic and well are both being abandoned on the same property, both applications can be submitted at the same time for \$100.00.

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 call this department at (856) 218-4170 to arrange a date for an inspector to meet the contact person on site to show us the abandonment has been completed.

**GLOUCESTER COUNTY DEPARTMENT OF HEALTH
DECOMMISSIONED WATER SUPPLY SYSTEM INSPECTION REQUEST**

NAME OF PROPERTY OWNER _____

MAILING ADDRESS _____

PROPERTY LOCATION (Street Address) _____

NAME and ADDRESS 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 GCHD: Yes / No

Name of NJDEP certified Well Sealer: _____.

Date of Well Decommissioning inspection: _____.

Date Decommissioning Report Received: _____.

Signature of inspector: _____.

ADDITIONAL COMMENTS: _____

_____.