Township of Warren
Board of Health

Somerset County

46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173

APPLICATION FOR PERMIT TO CONSTRUCT, REPAIR OR ABANDON A WELL

Block: _____ Lot(s) _____ Date: _____

Location of well: _____

Owner: _____

_____
Address **Phone Number**

Applicant (if different): _____

_____
Address **Phone Number**

Name of Well Driller/Sealer: _____

_____
Address **Phone Number**

Work to be performed: (Please check all that apply)

- o New well construction
- o Repair or alteration
- o Purifier
- o Well abandonment
- o Other (Describe) _____

Type of Building to be served: (Please check one) _____Number of Wells

- o Residential
- o Commercial
- o Other (Describe) _____

State Well Permit # _____

The undersigned hereby agrees to engage the services of a New Jersey State licensed well driller/sealer to construct or repair or abandon an individual potable water supply at the above named property in compliance with applicable State and local laws. Well Log records, abandonment reports, change of use, etc. must be filed with the Board of Health Office.

_____
Owner **Date**

_____
Applicant (if Different) **Date**