



Stephanie Mendelsohn
Health Director

W. Allen Lee
Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR

AARON T. WATSON, BUSINESS ADMINISTRATOR

WELL DRILLING / WELL SEALING PERMIT APPLICATION

Address of Property: _____ Block: _____ Lot: _____
Name of Owner: _____
Address of Owner: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____ Email: _____
Name of Contact: _____ Title: _____
Phone: (____) _____ Fax: (____) _____ Email: _____

Name of Certified Well Driller: _____ License # _____
Type of License: _____ Expiration Date: _____
Address of Certified Well Driller: _____
Mobile Number: _____ Email: _____

Name of Well Drilling Company: _____
Address of Well Drilling Company: _____
Contact Person: _____
Phone Number: _____ Email: _____

Well Installation / Drilling ----- \$200.00
Well Decommissioning / Sealing ----- \$100.00

* Ewing Township Health Department must have prior notification of the event. Health Department Inspector(s) must be onsite at time of Installation or Decommissioning and witness the process in its entirety.

** Well Decommissioning will require a follow up inspection no sooner than 24 hours nor later than 72 hours after initial sealing. Both the licensed driller and inspector are required to be onsite to document satisfactory sealing.

The undersigned applicant agrees to construct, maintain, and/or seal the aforementioned well in accordance with the provision of N.J.A.C 7:9D "Well Construction and Maintenance; Sealing of Abandoned Wells", the governing Code for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____
Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____
Fee Collected: _____ Cash: _____ Check: _____ Credit Card: _____
Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)