

State of New Jersey

Department of Environmental Protection Div. of Water Supply and Geoscience Bur. Of Water Allocation and Well Permitting Mail Code 401-04Q

401 East State Street – P.O. Box 420 Trenton, NJ 08625-0420 E-Mail: Wellpermitting@dep.state.nj.us FAX# (609) 633-1231

INCOMPLETE WELL SEARCH REQUESTS WILL BE RETURNED FOR MORE INFORMATION

Individual Well Search Questionnaire

REQUESTOR'S NAME:	
	CONSULTANT HEALTH OFFICER
☐ PROPERTY OWNER ☐ OTHER	
ADDRESS/CITY/STATE/ZIP:	
TELEPHONE #:	FAX #:
E-MAIL ADDRESS:	
REASON FOR WELL SEARCH REQUEST: DECOMMISSION WELL ENVIRONMENT OTHER:	
SEARCH FOR WELL ABANDONMENT REPORTS?	
WELL USE: DOMESTIC/POTABLE MONITORING/ENVIRONMENTAL OTHER	
WELL PERMIT NUMBER (if known):	LOCAL ID (if applicable):
LIST ALL PREVIOUS OWNERS NAMES, BUILDER, ETG	
YEAR WELL WAS INSTALLED:	(Approximate if not known)
LOT #: BLOCK #:	(current and at time of installation)
STREET ADDRESS:	
CLOSEST STREET INTERSECTION:	
MUNICIPALITY:	COUNTY:
WELL COORDINATES: Easting: Northing:	
ALL INFORMATION KNOWN ABOUT THE WELL (depth	
WELL ABANDONMENT PROPOSAL (must be submitted by a licensed well driller)	
DRILLER NAME: REGISTRATION #:	
METHOD:	
NUMBER BANSAME USE CHALL	
DATE: SEARCH PERFORME	ED BY:
WELL PERMIT WELL RECORD	WELL DECOMMISSIONING
COPY INCLUDED COPY INCLUDE	
NOT ON FILE NOT ON FILE	NOT ON FILE
	ranted until a written proposal outlining the method of reau of Water Allocation and Well Permitting. Proposal rial and length.
Other:	
APPROVAL TO ABANDON:	
DATE: NAME:	APPROVAL #: