



Borough of Watchung

BOARD OF HEALTH

NEW WELL WATER SUPPLY INFORMATION AND INSTRUCTIONS

1. The Health Department must be notified at least 5 (five) days in advance as to the date and time this well drilling will take place. The Board of Health can be reached at (732) 968-5151.
2. Bacteriological quality must be analyzed by a State Certified Laboratory. A copy of the results must be submitted to the Local Board of Health.
3. Physical and chemical quality of the water must also be determined by a State Certified Laboratory and submitted to the Local Board of Health.

TEST SHALL BE CONDUCTED FOR THE FOLLOWING:

Public Non-Community Water System

Nitrates, Iron, Manganese, PH, Arsenic, Barium, Cadmium,
Chromium, Lead, Mercury, Selenium, Silver and Fluoride.

Non-Public Water Systems

Nitrates, Iron, Manganese and PH.

NOTE: Additional chemical determinations may be required at the discretion of the Local Board of Health.



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

Permit Number:

Permit Year:

Payment Amount:

NEW WELL WATER SUPPLY APPLICATION

Application Fee: **\$100.00**

Well Test (Required): **\$50.00**

Total Due: \$150.00

(Check Payable to Borough of Watchung)

Construct a New Well []

Alteration []

Location []

Address: _____

Block: _____ Lot: _____

Owner: _____

Phone and Email: _____

Address: _____

Well Driller: _____

Address: _____

Phone and Email: _____

NJSDEPE License No. _____

Expiration Date: _____

Depth of Well: _____

Pump Capacity: _____

Depth of Casing: _____

Purpose of Well: _____

Kevin Sumner, Health Officer (732) 968-5151
15 Mountain Boulevard, Watchung New Jersey 07069
Phone: (908) 756-0080; Fax: (908) 757-7027
Permits/Applications www.watchungnj.com



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Draw a sketch indicating the proximity distances from the nearest building, sewer, septic tank, D-Box, Disposal field, seepage pit, dry well or cesspool (See table 2, 7:10-12.13) **OR** attach the state permit with the drawing of well location.

Owner Signature: _____ Date: _____

Approved by Inspector: _____ Date: _____