



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

Permit Number: _____

Permit Year: _____

Payment Amount: _____

SEALING OF AN ABANDONED WELL

N.J.A.C. 7:9-9.1

Date of Application: _____

Property Owners Name: _____

Property Owners Phone: _____

Property Owners Email: _____

Property Owner Address: _____

Location of Well: _____

Block: _____ Lot: _____

FEE DUE: \$75.00

(Payable to the Borough of Watchung)

The receipt of \$75.00 is hereby acknowledged this by and on the date below.

Signature: _____ Date: _____

_____ is hereby granted approval to
abandon State Certified Well Sealer.

Application Approved by Inspector: _____

Date Approved: _____ Date Issued: _____

Kevin Sumner, Health Officer (732) 968-5151
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Permits/Applications www.watchungnj.com