



# 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.



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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**

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**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](http://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: \_\_\_\_\_