

# City of Vineland Health Department

640 E. Wood St., Vineland, NJ 08360

Ph: (856) 794-4131

Fax: (856) 405-4608

## Well Installation Request Form

- Well installations and inspections require a minimum of 24 hrs. notice.
- The well driller is responsible for notifying the VHD of any changes to the date and/or time of the well installation.
- Prior to backfilling around the well, a final inspection is required after the well has been completed and connected to the structure.
- Requests must be made in writing. They can be faxed to (856) 405-4608 or emailed to [skaur@vinelandcity.org](mailto:skaur@vinelandcity.org).
- Failure to provide this office with the proper notification as stated above, will result in the failure of the well installation. Additionally, the well may be capped and sealed as stated in the City Ordinance.

**Well Location (address):** \_\_\_\_\_

**Block:** \_\_\_\_\_ **Lot:** \_\_\_\_\_

**Name of Applicant:** \_\_\_\_\_

**VHD Permit No.** \_\_\_\_\_

**NJDEP Permit No.** \_\_\_\_\_

**Installation Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_ **AM / PM**

**Emergency Well:** Yes \_\_\_\_\_ No \_\_\_\_\_

**Drilling Co.** \_\_\_\_\_

\_\_\_\_\_  
**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Signature of Well Driller:** \_\_\_\_\_