

# City of Vineland Department of Health

640 E. Wood Street, Vineland, NJ 08360  
Phone: (856) 794-4131 / Fax: (856) 405-4608

## Permit to Drill Well

(valid only after approval by the City of Vineland Dept. of Health. Approved application becomes null and void on the expiration date of the NJDEP/Bureau of Water Allocation permit)

Permit No. \_\_\_\_\_

Location of Well \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

Property Owner \_\_\_\_\_ Phone No. \_\_\_\_\_

Address of Property Owner \_\_\_\_\_  
(if different from location of well)

Type of Building to be Served: Single Family \_\_\_\_\_ Multi-Family \_\_\_\_\_ No. of Bedrooms \_\_\_\_\_ Max. Occupancy \_\_\_\_\_  
Required gals./day \_\_\_\_\_  
Other: \_\_\_\_\_ Square Footage \_\_\_\_\_ Required gals./day \_\_\_\_\_

Method of Drilling: Rotary \_\_\_\_\_ Other \_\_\_\_\_

Well: Proposed Depth \_\_\_\_\_ Diameter (casing) \_\_\_\_\_ Diameter (bore hole) \_\_\_\_\_  
Depth of Casing \_\_\_\_\_ Intended Use \_\_\_\_\_  
(Domestic, Irrigation, Geothermal Open, Geothermal Closed, etc.)  
New \_\_\_\_\_ \*Replacement \_\_\_\_\_ NJDEP licensed well sealer \_\_\_\_\_  
\*(Old well must be capped and sealed by a NJDEP licensed well sealer)

Pump: Type \_\_\_\_\_ Make \_\_\_\_\_ Capacity \_\_\_\_\_ gpm HP \_\_\_\_\_  
Installer \_\_\_\_\_

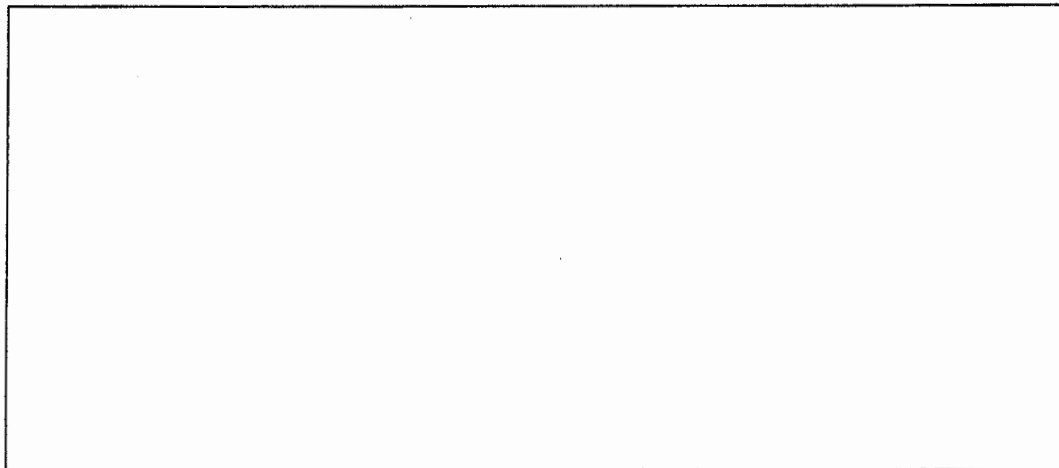
Grouting: Method: Pressure w/ tremie pipe \_\_\_\_\_ Other \_\_\_\_\_  
Grouting Material: Bentonite \_\_\_\_\_ Other \_\_\_\_\_

### Storage Facilities:

Existing \_\_\_\_\_  
New \_\_\_\_\_  
Hydropneumatic \_\_\_\_\_  
Other \_\_\_\_\_

### Drilling Contractor:

Co. Name, Address, Tele. #  
\_\_\_\_\_  
\_\_\_\_\_  
( ) \_\_\_\_\_ - \_\_\_\_\_



### NJDEP Permit Number:

\_\_\_\_\_

(Please make an accurate sketch showing all pertinent distances and locations of proposed, existing & abandoned septic systems; wells, buildings, streets, landmarks, storm water drainage or other sources of pollution, w/in 150 feet of the proposed well. Well must not be drilled until the above are located)

It is the responsibility of the undersigned applicant, as owner or authorized agent, to review all information provided on this form to ensure that it is accurate and factual. False or inaccurate data provided by the owner, authorized agent or driller, will render this form null and void.

At the time of installation, the system shall be inspected by a representative of this department. The City of Vineland reserves the right to waive this inspection without notice to the drilling contractor or applicant. A "final" inspection is also required after the entire water system has been completed and prior to backfilling around the well. The drilling contractor shall be responsible for scheduling required inspections. All inspections require a minimum of 24 hours notice.

For new wells other than replacement wells occupancy of any building shall not be permitted until the water supply has been inspected and approved and the water tested and certified to meet the Maximum Contaminant Levels for: Bacteria, Nitrate, Lead, Mercury, Volatile Organic Compounds, 48-hour Gross Alpha, Iron, Manganese, and pH (6.5 - 8.5). For replacement wells, the water should not be consumed until it has been tested and certified to meet the MCL's for the above parameters except for 48-hour Gross Alpha. It is the responsibility of the applicant to contact a NJDEP certified laboratory to sample the water for the aforementioned parameters no later than 30 days from the date of the final well inspection.

As owner / authorized agent, I have read and confirm the accuracy of the information contained in this document and accept the conditions outlined herein.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

In compliance with NJSA 58:4A-14, NJAC 7:10-12 et seq. and City of Vineland Ordinance 2005-64, application is made for a permit to drill a well as described above.

Signature of Well Driller \_\_\_\_\_ Date \_\_\_\_\_ Registration No. \_\_\_\_\_

### Office Use Only

Application: Approved \_\_\_\_\_ Denied \_\_\_\_\_ (See attached letter)

Name of Reviewing Inspector \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_