



State of New Jersey
 Department of Environmental Protection
 Div. of Water Supply and Geoscience
 Bur. Of Water Allocation and Well Permitting
 Mail Code 401-04Q

401 East State Street - P.O. Box 420 Trenton, NJ 08625-0420
 E-Mail: Wellpermitting@dep.state.nj.us FAX# (609) 633-1231

INCOMPLETE WELL SEARCH REQUESTS WILL BE RETURNED FOR MORE INFORMATION

Individual Well Search Questionnaire

REQUESTOR'S NAME: _____

- DRILLER ENVIRONMENTAL CONSULTANT HEALTH OFFICER
 PROPERTY OWNER OTHER _____

ADDRESS/CITY/STATE/ZIP: _____

TELEPHONE #: _____ FAX #: _____

E-MAIL ADDRESS: _____

REASON FOR WELL SEARCH REQUEST:

- DECOMMISSION WELL ENVIRONMENTAL INVESTIGATION/REMEDIATION
 OTHER: _____

SEARCH FOR WELL ABANDONMENT REPORTS? YES NO

- WELL USE: DOMESTIC/POTABLE IRRIGATION AGRICULTURAL
 MONITORING/ENVIRONMENTAL INDUSTRIAL PUBLIC SUPPLY
 OTHER _____

WELL PERMIT NUMBER (if known): _____ LOCAL ID (if applicable): _____

LIST ALL PREVIOUS OWNERS NAMES, BUILDER, ETC.: _____

YEAR WELL WAS INSTALLED: _____ (Approximate if not known)

LOT #: _____ BLOCK #: _____ (current and at time of installation)

STREET ADDRESS: _____

CLOSEST STREET INTERSECTION: _____

MUNICIPALITY: _____ COUNTY: _____

WELL COORDINATES: Easting: _____ Northing: _____

ALL INFORMATION KNOWN ABOUT THE WELL (depth, diameter, casing material, length, driller, etc.)

WELL ABANDONMENT PROPOSAL (must be submitted by a licensed well driller)

DRILLER NAME: _____ REGISTRATION #: _____

METHOD: _____

NJDEP BWSWP USE ONLY

DATE: _____ SEARCH PERFORMED BY: _____

<u>WELL PERMIT</u>	<u>WELL RECORD</u>	<u>WELL DECOMMISSIONING</u>
<u>COPY INCLUDED</u> _____	<u>COPY INCLUDED</u> _____	<u>COPY INCLUDED</u> _____
<u>NOT ON FILE</u> _____	<u>NOT ON FILE</u> _____	<u>NOT ON FILE</u> _____

Approval to decommission the well will not be granted until a written proposal outlining the method of decommissioning has been submitted to the Bureau of Water Allocation and Well Permitting. Proposal must include total depth, diameter, casing material and length.

Other: _____

APPROVAL TO ABANDON:

DATE: _____ NAME: _____ APPROVAL #: _____