



TOWNSHIP OF LAWRENCE

2207 Lawrence Road
Lawrence Township, New Jersey 08648
(609)844-7089



Public Health
Prevent. Promote. Protect.

Permit Number
Date Issued
Fee Received

APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT
AN INDIVIDUAL WATER SUPPLY SYSTEM

Owner
Daytime Phone Number
Mailing Address
City
State
ZIP
Property location
Block
Lot
Well Use
If Residential, Number of Bedrooms
Owner's Signature
Date

Well Drilling Company
Daytime Phone Number
Mailing Address
City
State
ZIP
Well Driller's Signature
Date

STATE WELL PERMIT MUST BE SECURED AND COPY PROVIDED TO THE HEALTH DEPT.
PRIOR TO APPROVAL. STATE WELL RECORD NUMBER:

Inspection of grouting and installation of casing was completed on
Length of casing installed feet
Bags of Cement Used
Driller's Name
License No.
Inspector's Name
License No.

Upon completion of the well construction a yield test must be conducted and the completed report
submitted to the Health Department on an approved form.

Upon completion of the water supply system the completed well and pump records must be submitted
to the Health Department by the licensed well driller/pump installer.

Water potability tests per "The Safe Drinking Water Standards" must be collected by a certified
testing laboratory and submitted to the Health Department prior to receiving final approval.