

**Borough of Watchung**  
BOARD OF HEALTH



**SEALING OF AN ABANDONED WELL**  
N.J.A.C. 7:9-9.1

**FEE: \$75.00**  
(Payable to the Borough of Watchung)

\_\_\_\_\_ is hereby granted  
**approval to abandon State Certified Well Sealer**

**A well located at**

\_\_\_\_\_ and known as Block \_\_\_\_\_ Lot \_\_\_\_\_

**Property Owners Name:**

\_\_\_\_\_ The receipt of \$50.00 is hereby acknowledged this date.

**DATED:** \_\_\_\_\_

**PERMIT NO.** \_\_\_\_\_

\*Application will be forwarded to:

Middle-Brook Regional Health Commission  
Attention: Robyn Key  
732-968-5151, Ext.2