



# Borough of Watchung

BOARD OF HEALTH

**For Office Use Only**

State Well Permit No. \_\_\_\_\_

Permit Year: \_\_\_\_\_

Payment Amount: \_\_\_\_\_

## APPLICATION FOR PERMIT TO USE A WELL FOR IRRIGATION PURPOSES ONLY

**FEE DUE: \$10.00**

(Check Payable to Borough of Watchung)

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Owner Name: \_\_\_\_\_ Date: \_\_\_\_\_

Owner Address: \_\_\_\_\_

Owner Phone: \_\_\_\_\_ Email: \_\_\_\_\_

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

Location of Well: \_\_\_\_\_

### **To Use for Irrigation Purposes Only (Home Hooked Up to Public Water Supply)**

Type of Building To Be Served: (Please Circle One)

Number of Wells: \_\_\_\_\_

- ☐ Residential
- ☐ Commercial
- ☐ Other (Describe) \_\_\_\_\_

***The undersigned hereby agrees to engage the services of a New Jersey State licensed well driller/sealer to construct or repair or abandon an individual potable water supply at the above-named property in compliance with applicable State and local laws. Well Log records, abandonment reports, change of use, etc. must be filed with the Board of Health Office.***

Owner Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature (if different): \_\_\_\_\_ Date: \_\_\_\_\_

Permit Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

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Permits/Applications [www.watchungnj.com](http://www.watchungnj.com)