



**New Jersey Department of Environmental Protection**  
 Site Remediation Program

**Monitoring Well Certification Form B - Location Certification**

Date Stamp  
 (For Department use only)

**SECTION A. SITE NAME AND LOCATION**

Site Name: \_\_\_\_\_

List all AKAs: \_\_\_\_\_

Street Address: \_\_\_\_\_

Municipality: \_\_\_\_\_ (Township, Borough or City)

County: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Program Interest (PI) Number(s): \_\_\_\_\_ Case Tracking Number(s): \_\_\_\_\_

**SECTION B. WELL OWNER AND LOCATION**

1. Name of Well Owner \_\_\_\_\_

2. Well Location (Street Address) \_\_\_\_\_

3. Well Location (Municipal Block and Lot) Block# \_\_\_\_\_ Lot # \_\_\_\_\_

**SECTION C. WELL LOCATION SPECIFICS**

1. Well Permit Number (This number must be permanently affixed to the well casing): \_\_\_\_\_

2. Site Well Number As shown on application or plans): ..... \_\_\_\_\_

3. Geographic Coordinate NAD 83 to nearest 1/10 of a second:  
 Longitude: West \_\_\_\_\_ Latitude: North \_\_\_\_\_

4. New Jersey State Plane Coordinates NAD 83 to nearest 10 feet:  
 North \_\_\_\_\_ East \_\_\_\_\_

5. Elevation of Top of Inner Casing (cap off) at reference mark (nearest 0.01'): ..... \_\_\_\_\_

6. Source of elevation datum (benchmark, number/description and elevation/datum. If an on-site datum is used, identify here, assume datum of 100', and give approximated actual elevation.)  
 \_\_\_\_\_

7. Significant observations and notes:  
 \_\_\_\_\_

**SECTION D. LAND SURVEYOR'S CERTIFICATION**

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SEAL

Professional Land Surveyor's Signature: \_\_\_\_\_ Date \_\_\_\_\_  
Surveyor's Name: \_\_\_\_\_ License Number: \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
City/Town: \_\_\_\_\_ State \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone Number \_\_\_\_\_ Ext.: \_\_\_\_\_ Fax: \_\_\_\_\_