



**State of New Jersey**  
**DEPARTMENT OF ENVIRONMENTAL PROTECTION**  
 Division of Water Supply & Geoscience - Bureau of Water System Engineering  
 Mail Code 401-03, 401 East State Street – P.O. Box 420, Trenton, New Jersey 08625-0420

**Application Form for Cancellation of Physical Connection Permit or  
 Elimination of Valves from Permit**

**1/ Applicant Details**

Applicant/Owner/Company Name \_\_\_\_\_  
 Permanent Legal Address \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_  
 Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

**2/ Details of Facility**

Name of Facility \_\_\_\_\_  
 Address of Facility (Street/Road) \_\_\_\_\_  
 Municipality \_\_\_\_\_ County \_\_\_\_\_  
 Zip Code \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

**Number, Type and Size of Backflow Preventer Valves currently permitted:**

Subject Item No.	No	Size	Manuf.	Model No.	Serial No.	Type	Comments	Eliminate

**Bypass and Detector Information:**

Subject Item No.	No.	Size	Manuf.	Model No.	Serial No.	Type	Eliminate

**3/ Elimination of one of more valves covered by this permit**

If you have one or more valves that you require to be removed from the permit but need to maintain permit please indicate above which valves have been eliminated and **please obtain approval of the water company.**

Name of Public Community Water System \_\_\_\_\_

Public Water System ID number (PWSID) \_\_\_\_\_

The Public Community Water Supplier hereby concurs with the removal of the above valves from this permit

Reviewed by:  
 Authorized representative: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Phone \_\_\_\_\_

**4/ Reason for Cancellation of permit. (please indicate the reason)**

**Transfer of Ownership,**

Please complete new owner details below.

New Owner/Company Name \_\_\_\_\_

Permanent Legal Address \_\_\_\_\_

City/Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ Fax Number (\_\_\_\_) \_\_\_\_\_ e-mail \_\_\_\_\_

Contact Person Name \_\_\_\_\_ Title \_\_\_\_\_

**Unapproved Water Source Eliminated,**

Please obtain approval and signature of Water Company.

**If the unapproved water source was a well please attach a copy of the completed well abandonment form or provide the well permit number \_\_\_\_\_.**

**Other Reasons**

Please detail and obtain approval and signature of Water Company

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5/ Water System approval for cancellation of permit**

Name of Public Community Water System \_\_\_\_\_

Public Water System ID number (PWSID) \_\_\_\_\_

The Public Community Water Supplier hereby concurs with cancellation of this permit

Reviewed by:

Authorized representative: \_\_\_\_\_ Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**6/ Applicant's Signature**

Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_