



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL CODE 401-04Q
DIVISION OF WATER SUPPLY & GEOSCIENCE
BUREAU OF WATER ALLOCATION & WELL PERMITTING
P.O. BOX 420
TRENTON, NEW JERSEY 08625-0420
(609) 984-6831



Inactive Well Inspection Report instructions:

This form is only for wells that are registered inactive within a Water Allocation Permit.

1. Section B of the form must be completed by a New Jersey licensed Master Well Driller. A list of master well drillers is available from the Bureau of Water Allocation & Well Permitting.
2. A copy of the well record must be obtained to aid in the well inspection.
3. If you are registering more than one inactive well a separate report form must be completed for each.
4. The inspection must include:
 - a) if the well is not equipped with a pump or is improperly capped the well must be cleared of any debris or obstructions and properly capped;
 - b) in an area of known pollution or salt water intrusion if the well is inoperable and appears to be in poor condition the well must be TVed;
 - c) if the well was constructed prior to 1950 it must be TVed, (based upon life expectancy of steel casing); and
 - d) a photograph of the well showing the well condition and the well site.
5. Complete all parts and submit the Inactive Well Inspection Report and photo to:

Mail Code 401-04Q
NJDEP
Division of Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting
P.O. Box 420
Trenton, New Jersey 08625-0420

Should you have any questions or require further information please contact the Bureau of Water Allocation & Well Permitting at (609) 984-6831.

INACTIVE WELL INSPECTION REPORT

A. GENERAL INFORMATION –

Water Allocation Permit #: _____ Permittee: _____

Property Owner's Name: _____

Property Owner's Address: _____

Facility Name: _____

Facility Address: _____

Contact Person: _____ Phone #: (____) _____ - _____

B. INACTIVE WELL INFORMATION – This section must be completed by a New Jersey licensed Master Well Driller. A separate form must be completed for each inactive well.

Well Permit Number: _____, Local Well ID: _____

Total Depth: _____ Diameter: _____

Casing Material: _____, Casing competent: Y/N

Pump: No _____ Yes _____, Type: _____, Capacity: _____ g.p.m.

Well Head: Above grade: _____ In Pit: _____; Well House Y/N

Meter: No _____ Yes _____, Type: _____, Reading: _____

Initial Inspection Date: _____

Date well was operated: _____ Hours run: _____ Gallons pumped: _____

Current Well Status –

_____ Well is operable (it could be used today).

_____ Well has been capped. Type of cap: _____

_____ Well is not operable because:

_____ Electricity has been disconnected;

_____ Plumbing connections have been removed; or

_____ Pump has been removed; or

_____ Other, explain: _____

_____ Well is protected against vandalism and surface contamination.

Well Location –

Municipality: _____, County: _____

Street Address: _____

Lot number: _____ Block number: _____

Latitude: _____ (to nearest second)

Longitude: _____ (to nearest second)

Sketch of well site:

RECOMMENDATIONS/COMMENTS

CERTIFICATION

I hereby certify that I inspected the subject well on _____ (date) and that the information contained in this Inspection Report form is accurate to the best of my knowledge.

NAME: _____ MASTER LICENSE #: _____
SIGNATURE: _____ DATE: _____

INACTIVE WELL CERTIFICATION

This form must be signed by the highest ranking individual at the facility with overall responsibility for that facility. A separate form must be completed and submitted for each inactive well, by January 31st of each year.

Water Allocation Permit Number: _____

Permittee: _____

Well Permit Number: _____ Local Well ID: _____

Well is: ___ operable (Check one)

- date well was last operated: _____

- number of hours run: _____

- gallons pumped: _____

___ not operable

I certify under penalty of law that I have personally examined the above referenced well and found that the well is protected against vandalism and surface contamination, and is not a threat to public health.

Date

Signature

Name (please print)

Title

Complete all parts and submit to: Mail Code 401-04Q
NJDEP
Division of Water Supply & Geoscience
Bureau of Water Allocation & Well Permitting
P.O. Box 420
Trenton, New Jersey 08625-0420

Should you have any questions please contact the Bureau of Water Allocation & Well Permitting at (609) 984-6831.