



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



**CANCELLATION FORM FOR WATER ALLOCATION PERMITS, DEWATERING PERMITS, REGISTRATIONS, AND CERTIFICATIONS**

*NOTE: THIS FORM IS FOR CANCELLATION OF DOCUMENTS, NOT FOR THE TRANSFER TO A NEW OWNER*

*Please refer to the instructions provided at the end of this document and provide all requested information, as applicable.  
Please Print or Type. (Attach additional sheets if necessary)*

Program Interest ID: \_\_\_\_\_

Activity Number: \_\_\_\_\_

**A. LOCATION AND PROPERTY INFORMATION**

**1. FORMER DIVERSION LOCATION**

Name of Facility or Farm:

\_\_\_\_\_

Street Address/Location (or nearest cross streets if no address is available; P.O. Boxes are not acceptable)

\_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ + \_\_\_\_\_

Municipality \_\_\_\_\_ Does the activity span multiple municipalities? Yes  No

Site Municipality 1: _____		Site Municipality 2: _____	
Block	Lot	Block	Lot

County \_\_\_\_\_ Does the activity span multiple counties? Yes  No

Former Source Name	Well Permit Number, if applicable	X - NJ State Plane NAD 83 (US Feet)	Y - NJ State Plane NAD 83 (US Feet)

**2. PROPERTY/LANDOWNERS(S) INFORMATION**

Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_+

Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

- Organization Type: (Check one)
- |  |   |                                  |                                      |
|--|---|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Authority/District/Commission | <input type="checkbox"/> Municipal          | <input type="checkbox"/> County  | <input type="checkbox"/> State       |
| <input type="checkbox"/> Commercial/Industry           | <input type="checkbox"/> Individually Owned | <input type="checkbox"/> Utility | <input type="checkbox"/> Corporation |
| <input type="checkbox"/> Investor (BPU)                | <input type="checkbox"/> Investor (Non-BPU) | <input type="checkbox"/> Farmer  | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other _____                   |   |                                  |                                      |

**3. RESPONSIBLE ENTITY/ORGANIZATION**

If the organization responsible is the property owner listed in No. 2 above, check here:

If the organization responsible is different from the property owner listed in No. 2 above, complete the following:

Organization Name \_\_\_\_\_ Telephone ( ) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_+

Fax ( ) \_\_\_\_\_ E-Mail \_\_\_\_\_

- Organization Type: (Check one)
- |   |  |                                  |                                      |
|---|--|----------------------------------|--------------------------------------|
| <input type="checkbox"/> Municipal          | <input type="checkbox"/> Authority/District/Commission | <input type="checkbox"/> State   | <input type="checkbox"/> Federal     |
| <input type="checkbox"/> Investor (BPU)     | <input type="checkbox"/> Investor (Non-BPU)            | <input type="checkbox"/> Utility | <input type="checkbox"/> County      |
| <input type="checkbox"/> Individually Owned | <input type="checkbox"/> Commercial/Industry           | <input type="checkbox"/> Farmer  | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Other _____        |  |                                  |                                      |

**B. REASON FOR CANCELLATION**

I hereby request cancellation for the following reason(s) (check all that apply):

<input type="checkbox"/>	1.	Diversion Sources are No Longer in Use. <ul style="list-style-type: none"> <li>• Well Decommissioning Reports are required for each well diversion source</li> <li>• Proof of Pump Removal is required for each surface water intake diversion source</li> </ul>
<input type="checkbox"/>	2.	Combined installed pumping capacity is now less than 70 gallons per minute (gpm).
<input type="checkbox"/>	3.	Combined installed pump capacity is greater than 70 gpm, but usage has declined below 100,000 gallons per day (gpd) and is expected to remain there. <b>By checking this box, it is understood that the Department will issue a Water Use Registration due to the capability to divert greater than 100,000 gpd.</b>

## C. CERTIFICATIONS

In cases where the official required to sign Certification 1 below is the same person as the official required to sign the Certification 2 below, only Certification 1 need be signed. In all other cases, both certifications shall be completed.

### 1. HIGHEST RANKING INDIVIDUAL OF FACILITY

This certification is to be signed by the highest-ranking individual at the facility with overall responsibility for that facility.

*I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including fines and/or imprisonment.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

### 2. HIGHEST RANKING INDIVIDUAL

This certification shall be signed as follows:

- (a) For a corporation, by a principal executive officer of at least the level of vice president; or
- (b) For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
- (c) For a municipality, State, Federal or other public agency, by either the principal executive officer or the ranking elected official.

*I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information. I believe that the submitted information is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information, including the possibility of fines and/or imprisonment.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

**INSTRUCTIONS FOR COMPLETING PERMIT, REGISTRATION, AND CERTIFICATION  
CANCELLATION FORM**

A. Site Location Information

1. Former Diversion Location - Provide the Name of the Facility of which the application is for, the physical street address or nearest cross streets of the former approved diversion source. List the coordinates for each former source in NJ State Plane. Attach additional sheets if more than one physical location applies.
2. Property/Landowners – Provide the legal name for the owner of the property/land on which the former diversion is located.
3. Responsible Entity/Organization – Provide the name, as it is legally referred to, of the operating/former operating entity of the subject facility. The operating entity is the firm, public agency, individual, or other entity which has the primary management and decision-making authority over any part of the facility/site.

B. Reason for Cancellation – check the appropriate reason and provide Well Decommissioning Reports for wells and proof of pump removal for intakes.

C. Certifications – Provide Certifications as indicated in Section C.