



New Jersey Department of Environmental Protection
 Division of Water Supply & Geoscience
 Bureau of Water System Engineering
 401 E. State Street - P.O. Box 420
 Trenton, New Jersey 08625-0420

**Checklist for the Determination of Ground Water Status
 Ground Water Under the Direct Influence of Surface Water (GWUDI)**

Section A – Well Information

Water System Name:		
PWSID #:		
Well Name (e.g., Well 4, Main St Well):		
Well Facility ID #:		
Well Location (street address, municipality):		
Well Permit #:		
Aquifer Name/Geologic Formation:		
Well Depth (ft):	Casing Length (ft):	Screen Length (ft):
Pump Capacity (gpm):	Installation Date:	
Operational Status of Well (e.g., proposed, test well, operational supply well):		

Section B - Documentation / Aerial Inspection

- Attach an aerial image demonstrating a minimum radius of 200 feet around the location of the proposed or constructed well.
- Attach a copy of the well record.

Section C – Checklist Questions

Answer Yes or No for each question below by checking (x) the appropriate box; Indicate the specific factor/distance/detail as applicable for any 'Yes' answers.	Yes	No
1. Is the source an infiltration gallery, spring, cistern, radial well collector, or dug well?		
2. Has the raw water quality for the source indicated the existence of one or more of the following: fecal coliform bacteria, Giardia cysts, or other pathogenic organisms associated with surface water?		
3. Does the source have less than 50 feet of casing?		
4. Is the annular space between the oversized borehole and well casing <u>not</u> grouted?		
5. Is the source located less than 200 horizontal feet from any surface water body that holds/carries water continuously for at least 60 days in any year (i.e. streams, rivers, brooks, creeks, lakes, reservoirs, ponds, impoundments, or wetlands)?		
6. Is the source less than 200 horizontal feet from a source of microbial contamination (i.e., septic system, cesspool, feedlot, storm water detention basin, etc.)?		

Section D - Certification

Sign the Certification Statement below. Must be submitted by the water system owner/executive director or the licensed operator of record.

I hereby certify that the information provided on this form is true and accurate to the best of my knowledge and belief.

Signature Owner/Director or Operator

Print Name of Individual

Title/Affiliation of Individual

Date