

DWR-133M  
6/04

STATE OF NEW JERSEY  
DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TRENTON, NJ

MONITORING WELL PERMIT

Permit No. \_\_\_\_\_

Mail To:  
NJDEP  
BUREAU OF WATER ALLOCATION  
PO BOX 426  
TRENTON, NJ 08625-0426

VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD #: . .

Owner \_\_\_\_\_

Driller \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

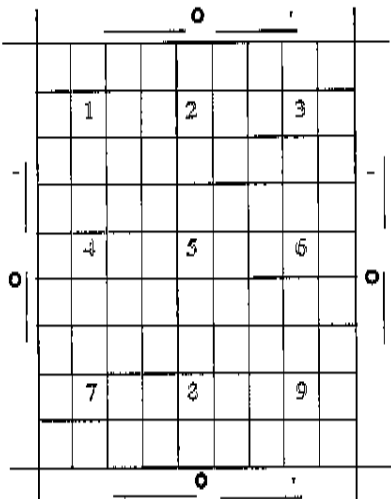
Diameter of Well(s)	Inches	Proposed Depth of Well(s)	Feet
# of Wells Applied for (max. 10)		Will pumping equipment be utilized?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Type of Well (see reverse)		If Yes, give pump capacity	cumulative GPM

LOCATION OF WELL(S)

Lot #	Block #	Municipality	County
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Draw sketch of well(s) nearest roads, buildings, etc. with marked distances in feet. Each well MUST be labeled with a name and/or number on the sketch.

State Atlas Map No. \_\_\_\_\_



PROPOSED WELL LOCATION (NAD 83 HORIZONTAL DATUM)  
NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING: _____	EASTING: _____
LATITUDE: _____	LONGITUDE: _____

FOR MONITORING WELLS, RECOVERY WELLS, OR PIEZOMETERS, THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT PLEASE INDICATE WHY THE WELLS ARE BEING INSTALLED:

- RCRA Site
- Spill Site
- Underground Storage Tank Site
- ISRA Site
- Operational Ground Water Permit Site
- CERCLA (Superfund) Site
- Pretreatment and Residuals Site
- Water and Hazardous Waste Enforcement Case
- Water Supply Aquifer Test Observation Well
- Other (explain) \_\_\_\_\_

CASE I.D. Number \_\_\_\_\_

This Space for Approval Stamp

FOR D.E.P. USE  Issuance of this permit is subject to the conditions attached. (see next page)  For monitoring purposes only

SEE REVERSE SIDE FOR IMPORTANT PROVISIONS PERTAINING TO THIS PERMIT.

In compliance with N.J.S.A.58:4A-14, application is made for a permit to drill a well as described above.

Date \_\_\_\_\_ Signature of Driller \_\_\_\_\_ Registration No. \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

COPIES: Water Allocation - White Health Dept. - Yellow Owner - Blue Driller - White

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DEPARTMENT OF ENVIRONMENTAL PROTECTION  
TRENTON, NJ

Permit No. \_\_\_\_\_

MAIL TO:  
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PO BOX 426  
TRENTON, NJ 08625-0426

PERMIT TO DRILL WELL

VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD #: . .

Property Owner \_\_\_\_\_

Driller \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Name of Facility \_\_\_\_\_

Address \_\_\_\_\_

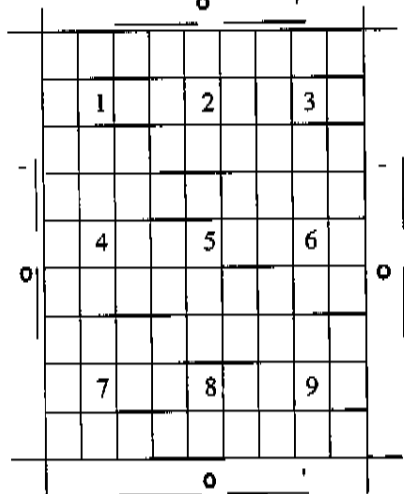
Diameter of Well	Inches	Proposed Depth of Well	Feet
Proposed Capacity of Pump	GPM	Method of Drilling (Cable-tool, Rotary, etc.)	
Use of Well (See Reverse)			
Drinking Water Supply?	yes (see #7 on reverse)		no

LOCATION OF WELL

Lot #	Block #	Municipality	County
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Draw sketch showing distance and location of well site to nearest public roads, streets, components of the nearest sewage disposal system, etc.

State Atlas Map No. \_\_\_\_\_



North

East

South

PROPOSED WELL LOCATION (NAD 83 HORIZONTAL DATUM)  
NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING: _____	OR	EASTING: _____
LATITUDE: _____		LONGITUDE: _____

SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT. APPROVAL OF THIS PERMIT IS MADE SUBJECT TO ACCEPTANCE OF AND COMPLIANCE WITH THE FOLLOWING ADDITIONAL CONDITIONS.

- PUBLIC COMMUNITY Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et seq.
- INDUSTRIAL SUPPLY - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- IRRIGATION SUPPLY - A physical connection control permit may be required pursuant to the provisions of N.J.A.C. 7:10-10.1 et seq.
- REPLACEMENT WELL - Existing well must be sealed by a New Jersey licensed well driller of the proper class upon abandonment.
- PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84 (a)4.v. are met.
- MINIMUM distance requirements as per N.J.A.C. 7:9D-2.7 have not been met - see attached condition(s).
- The well shall be equipped with a totalizing flow meter per N.J.A.C. 7:19-2 et seq.
- \_\_\_\_\_

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Date \_\_\_\_\_ Signature of Driller \_\_\_\_\_ Registration No. \_\_\_\_\_

Signature of Property Owner \_\_\_\_\_

COPIES: Water Allocation - White Health Dept. - Yellow Owner - Blue Driller - White