



TOWNSHIP OF LAWRENCE

2207 Lawrence Road
Lawrence Township, New Jersey 08648
(609)844-7089



Public Health
Prevent. Promote. Protect.

Permit Number _____
Date Issued _____
Fee Received _____

**APPLICATION FOR PERMIT TO LOCATE AND CONSTRUCT
AN INDIVIDUAL WATER SUPPLY SYSTEM**

Owner _____ Daytime Phone Number _____
Mailing Address _____
City _____ State _____ ZIP _____
Property location _____ Block _____ Lot _____
Well Use _____ If Residential, Number of Bedrooms ____
Owner's Signature _____ Date _____

Well Drilling Company _____ Daytime Phone Number _____
Mailing Address _____
City _____ State _____ ZIP _____
Well Driller's Signature _____ Date _____

**STATE WELL PERMIT MUST BE SECURED AND COPY PROVIDED TO THE HEALTH DEPT.
PRIOR TO APPROVAL. STATE WELL RECORD NUMBER: _____**

Inspection of grouting and installation of casing was completed on _____.
Length of casing installed _____ feet Bags of Cement Used _____
Driller's Name _____ License No. _____
Inspector's Name _____ License No. _____

Upon completion of the well construction a yield test must be conducted and the completed report submitted to the Health Department on an approved form.

Upon completion of the water supply system the completed well and pump records must be submitted to the Health Department by the licensed well driller/pump installer.

Water potability tests per "The Safe Drinking Water Standards" must be collected by a certified testing laboratory and submitted to the Health Department prior to receiving final approval.