



SOMERSET COUNTY
DEPARTMENT OF HEALTH
P.O. Box 3000 * 27 Warren Street
Somerville, NJ 08876
Tel (908) 231-7155 * Fax (908) 704-8042



Application for Permit to Construct or Repair or Abandonment of a Well

OWNER'S NAME _____

Date _____

STREET ADDRESS _____

Permit # _____
(For Official Use)

MAILING ADDRESS _____

Fee Submitted _____

BLOCK _____ LOT _____

Type of Building to be Served
Residential _____
Commercial _____

PHONE _____ NAME _____

OF WELL DRILLER _____

NJ LICENSE # _____

PHONE _____

Applicant's Signature

NAME OF PUMP INSTALLER _____

PHONE _____

The above signed hereby agrees to engage the services of a N.J State licensed well driller to construct or repair an individual potable water supply at the above named property in compliance with applicable state and local laws.

**PLEASE MAKE ALL CHECKS PAYABLE TO BEDMINSTER
TOWNSHIP**

Municipality: _____

Permit No. _____

Type of Permit

Location

Abandonment _____

New Construction _____

Repair or Alteration _____

Purifier _____

Paid _____

Date _____

Applicant's Name _____

Block _____ Lot _____

Street Address _____

Owner _____

Signature of Health Authority

Date