



New Jersey Department of Environmental Protection
Contaminated Site Remediation & Redevelopment

POTABLE WELL INFORMATION FORM

Date Stamp
(For Department use only)

Please return the completed form to your DEP Community Relations Coordinator within **7 days** of receipt by either mail or email. The mailing address and email format are provided at the bottom of the form.

SECTION A. SITE NAME AND SAMPLING LOCATION

Site Name: _____
Program Interest (PI) Number(s): _____
Sampling Address: _____
Municipality: _____ (Township, Borough, or City)
County: _____ Zip Code: _____
Municipal Block(s) and Lot(s) of the sampling location: _____

SECTION B. PROPERTY/POTABLE WELL OWNER CONTACT INFORMATION

Name of Organization (if applicable): _____
First Name of Contact: _____ Last Name of Contact: _____
Title (if applicable): _____
Preferred Phone Number: _____ Alternate Phone Number: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address(es): _____

SECTION C. OCCUPANT CONTACT INFORMATION

Check if same as Property/Potable Well Owner Contact Information, then skip to next section.
First Name: _____ Last Name: _____
Preferred Phone Number: _____ Alternate Phone Number: _____
Mailing Address: _____
Municipality: _____ State: _____ Zip Code: _____
Email Address(es): _____
Indicate your relationship to this property.
 Property Owner Renter/Lessee Other: _____

SECTION D. PROPERTY/POTABLE WELL INFORMATION

- Is any of the water used at the residence supplied by a private well? Yes No
If "No", **stop here** and return form.
- What is the depth of the well? _____ Feet Check here if unknown
- Does the well supply water for any other buildings? Not Sure Yes No
- Is the well water used for drinking and/or cooking? Yes No
If "No", what is the source of your drinking/cooking water? _____

5. Is there a separate well used exclusively for lawn/garden/irrigation? Yes No
6. Has the potable well been tested recently? Yes No
- If "Yes":
- a) What date was it most recently tested? _____
- b) Name of lab that tested the well water? _____
- c) What was the well tested for? (*Check all that apply*)
- Bacteria Metals PFAS Volatile Organics
- Other: _____
- d) Did the sampling detect any contaminants? Yes No
- Provide** a copy of the results, if possible, with this form.
7. Is there a treatment system(s) on the potable well? Yes No
- If "No":
- a) Is there an outside spigot from which a sample can be collected? Yes No
- b) Where is the spigot located?: _____
- If "Yes":
- a) What type of water treatment system(s) is present? (*Check all that apply*)
- Acid Neutralizer Carbon Filter Chlorinators Disinfection
- Iron Removal pH adjustment Reverse Osmosis Sediment Filter
- Softener Turbidity Removal Other (*specify*): _____
- b) Can the treatment system(s) be bypassed to collect an untreated water sample? Not Sure Yes No
- If "Yes", how can the system(s) be bypassed? (*Check all that apply*)
- Faucet in basement Faucet on holding tank
- Outside spigot bypasses system(s) Treatment system(s) can be shut off
8. If an untreated sample cannot be collected from the outside spigot, would it be possible to schedule a meeting with someone at this location on a weekday to collect a water sample? Yes No
9. Please provide any other information that you feel would be helpful for us to know about your property/building:

SECTION E. AUTHORIZATION TO ENTER PROPERTY

I authorize DEP personnel to enter my property to collect a sample of water from my well.

Signature: _____ Date: _____

Name: _____

Email completed forms to your Community Relations Coordinator at: **Firstname.Lastname@dep.nj.gov**

OR

Mail completed forms to:

ATTN: [*Name of Coordinator*], Community Relations Coordinator
 NJDEP Contaminated Site Remediation & Redevelopment
 Office of Community Relations
 P.O. Box 420
 Mail Code 401-05N
 Trenton, NJ 08625-0420