Approval for the Decommissioning of Domestic Wells
with a diameter of two inches or less

Well Driller’s Statement:

I am hereby requesting a blanket approval for the decommissioning of domestic wells with a diameter of two inches or less. I understand that this approval only applies to these wells and that this approval does **not apply to the decommissioning of any other type of well**.

By my signature below, I certify that I am a well driller of the proper class\(^1\). I understand that all decommissioning activities which take place under this blanket approval will be conducted in accordance with the N.J.A.C. 7:9D-3.1 et seq., including the requirement to submit a completed well decommissioning report to the Bureau of Water Allocation within 90 days.

____________________________  ________________________
Well Driller Name (Please Print)  Driller Registration Number

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Signature of Licensed Well Driller

Date

NJDEP Approval

Granted by: _________________________

Date: _________________________

For further information or clarification of this approval, contact the Well Permitting Program at 609-984-6831.

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\(^1\) Applies to well driller license categories: Master, Journeyman, and Journeyman B