MEMORANDUM

TO: Mail Code 401-4Q
State of New Jersey
Department of Environmental Protection
Division of Water Supply
Bureau of Water Allocation and Well Permitting
P.O. Box 420
Trenton, NJ 08625-0420

FROM: ____________________________________________________
________________________________________________________

SUBJECT: REQUEST FOR PERMIT CANCELLATION

PLEASE USE INDIVIDUAL CANCELLATION FORMS FOR EACH PERMIT UNLESS PERMIT NUMBERS LISTED ARE IN SEQUENTIAL ORDER

PERMIT NUMBERS BEGINNING WITH “E” MUST BE CANCELLED ELECTRONICALLY

In accordance with the conditions listed on the Permit To Drill Well, it is requested that the following permit number(s) be cancelled:

1. Permit Number(s) ___________________________ ___________________________
   ___________________________ ___________________________
   ___________________________ ___________________________

2. Name of Owner: _______________________________________________________
   (Only one owner per form)

3. Signature of Drilling Contractor: ________________________________

4. Registration Number: __________________________

5. Date: __________________________