



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION  
MAIL CODE 401-04Q

DIVISION OF WATER SUPPLY & GEOSCIENCE  
**BUREAU OF WATER ALLOCATION & WELL PERMITTING**

P.O. BOX 420  
TRENTON, NEW JERSEY 08625-0420  
(609) 984-6831



Inactive Well Inspection Report instructions:

This form is only for wells that are registered inactive within a Water Allocation Permit.

1. Section B of the form must be completed by a New Jersey licensed Master Well Driller. A list of master well drillers is available from the Bureau of Water Allocation & Well Permitting.
2. A copy of the well record must be obtained to aid in the well inspection.
3. If you are registering more than one inactive well a separate report form must be completed for each.
4. The inspection must include:
  - a) if the well is not equipped with a pump or is improperly capped the well must be cleared of any debris or obstructions and properly capped;
  - b) in an area of known pollution or salt water intrusion if the well is inoperable and appears to be in poor condition the well must be **TVed**;
  - c) if the well was constructed prior to 1950 it must be **TVed**, (based upon life expectancy of steel casing); and
  - d) a photograph of the well showing the well condition and the well site.
5. Complete all parts and submit the Inactive Well Inspection Report and photo to:

Mail Code 401-04Q  
NJDEP  
Division of Water Supply & Geoscience  
Bureau of Water Allocation & Well Permitting  
P.O. Box 420  
Trenton, New Jersey 08625-0420

Should you have any questions or require further information please contact the Bureau of Water Allocation & Well Permitting at (609) 984-6831.

## INACTIVE WELL INSPECTION REPORT

### A. GENERAL INFORMATION –

Water Allocation Permit #: \_\_\_\_\_ Permittee: \_\_\_\_\_

Property Owner's Name: \_\_\_\_\_

Property Owner's Address: \_\_\_\_\_

Facility Name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone #: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### B. INACTIVE WELL INFORMATION – This section must be completed by a New Jersey licensed Master Well Driller. A separate form must be completed for each inactive well.

Well Permit Number: \_\_\_\_\_, Local Well ID: \_\_\_\_\_

Total Depth: \_\_\_\_\_ Diameter: \_\_\_\_\_

Casing Material: \_\_\_\_\_, Casing competent: Y/N

Pump: No \_\_\_\_\_ Yes \_\_\_\_\_, Type: \_\_\_\_\_, Capacity: \_\_\_\_\_ g.p.m.

Well Head: Above grade: \_\_\_\_\_ In Pit: \_\_\_\_\_; Well House Y/N

Meter: No \_\_\_\_\_ Yes \_\_\_\_\_, Type: \_\_\_\_\_, Reading: \_\_\_\_\_

Initial Inspection Date: \_\_\_\_\_

Date well was operated: \_\_\_\_\_ Hours run: \_\_\_\_\_ Gallons pumped: \_\_\_\_\_

#### Current Well Status –

\_\_\_\_\_ Well is operable (it could be used today).

\_\_\_\_\_ Well has been capped. Type of cap: \_\_\_\_\_

\_\_\_\_\_ Well is not operable because:

\_\_\_\_\_ Electricity has been disconnected;

\_\_\_\_\_ Plumbing connections have been removed; or

\_\_\_\_\_ Pump has been removed; or

\_\_\_\_\_ Other, explain: \_\_\_\_\_

\_\_\_\_\_ Well is protected against vandalism and surface contamination.

#### Well Location –

Municipality: \_\_\_\_\_, County: \_\_\_\_\_

Street Address: \_\_\_\_\_

Lot number: \_\_\_\_\_ Block number: \_\_\_\_\_

Latitude: \_\_\_\_\_ (to nearest second)

Longitude: \_\_\_\_\_ (to nearest second)

Sketch of well site:

**RECOMMENDATIONS/COMMENTS**

**CERTIFICATION**

I hereby certify that I inspected the subject well on \_\_\_\_\_ (date) and that the information contained in this Inspection Report form is accurate to the best of my knowledge.

NAME: \_\_\_\_\_ MASTER LICENSE #: \_\_\_\_\_  
SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**INACTIVE WELL CERTIFICATION**

This form must be signed by the highest ranking individual at the facility with overall responsibility for that facility. A separate form must be completed and submitted for each inactive well, by January 31<sup>st</sup> of each year.

Water Allocation Permit Number: \_\_\_\_\_

Permittee: \_\_\_\_\_

Well Permit Number: \_\_\_\_\_ Local Well ID: \_\_\_\_\_

Well is: \_\_\_ operable (Check one)

- date well was last operated: \_\_\_\_\_

- number of hours run: \_\_\_\_\_

- gallons pumped: \_\_\_\_\_

\_\_\_ not operable

I certify under penalty of law that I have personally examined the above referenced well and found that the well is protected against vandalism and surface contamination, and is not a threat to public health.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Title

Complete all parts and submit to: Mail Code 401-04Q  
NJDEP  
Division of Water Supply & Geoscience  
Bureau of Water Allocation & Well Permitting  
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