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)
Inactive Well Inspection
(11/2015)

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 31st 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
                                    P.O. Box 420
                                    Trenton, New Jersey 08625-0420

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