

Permit Number \_\_\_\_\_  
Date Issued \_\_\_\_\_  
Fee Received \$ \_\_\_\_\_

**HOPEWELL TOWNSHIP HEALTH DEPARTMENT**

*201 Washington Crossing Pennington Road*

*Titusville, New Jersey 08560*

*609-737-0120 Fax 609-737-6836*

_____ Well Deepening Permit	Fee (\$25.) _____
_____ Well Pump Replacement Permit	Fee (\$25.) _____
_____ Well Abandonment Permit	Fee (\$25.) _____

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_ Location \_\_\_\_\_

PROPERTY OWNER \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

*I hereby certify that the information furnished of this application (and attachments thereto) is true and accurate. I am aware that falsification of data is a violation of the Safe Drinking Water Act (N.J.S.A. 58:12A-1 et seq.) and is subject to penalties as prescribed in N.J.A.C. 7:14-8.*

CONTRACTOR \_\_\_\_\_ TELEPHONE \_\_\_\_\_

ADDRESS \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

APPLICANT/CONTRACTOR'S SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

Application Approved \_\_\_\_\_ Application Denied \_\_\_\_\_

OFFICIAL'S \_\_\_\_\_ Date \_\_\_\_\_

Inspection/alteration/Conducted \_\_\_\_\_ by \_\_\_\_\_

**A COPY OF THE NEW WELL PUMP INSTALLATION, WELL DEEPENING RECORD OR WELL ABANDONMENT REPORTS MUST BE SUPPLIED TO THE DEPARTMENT TO COMPLETE THE PERMIT. Mail to above address.**

Records received and permit signed off on \_\_\_\_\_ By \_\_\_\_\_

OFFICIAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_