



Township of Hopewell

Mercer County

Department of Health

201 Washington Crossing Pennington Road Titusville NJ 08560

Phone: 609.737.0120 FAX: 609.737.6836

<https://www.hopewelltpw.org/>

Permit #: _____

WELL SYSTEM PERMIT APPLICATION

Address of Property: _____ Block: _____ Lot: _____
Name of Owner: _____
Address of Owner: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____ Email: _____
Name of Contact: _____ Title: _____
Phone: _____ Fax: _____ Email: _____

Name of Licensed Well Driller: _____
Mobile Number: _____ Email: _____
Name of Licensed Well Driller Company: _____
Address of Licensed Well Driller Company: _____
Contact Person: _____
Phone Number: _____ Email: _____
Well Driller License #: _____
State Well Permit #: _____ Date Issued: _____ Expiration Date: _____

- (1) Location, construction, or alteration of an individual nonpublic water supply system ---- \$200.00
(2) Location, construction, or alteration of a public non-community water system ----- \$300.00
(3) Well Deepening ----- \$80.00
(4) Well Pump Replacement ----- \$80.00
(5) Well Decommissioning ----- \$80.00
(6) Reinspection fee for each failure ----- \$50.00

* Hopewell Township Health Department must have prior notification of the event. Health Department Inspector(s) must be on-site at the time of work and witness the process in its entirety. For new construction wells, the following documentation must be included with the application:

1. Engineer's site plan locating all existing well and septic systems within 200 feet of the proposed well.
2. Floor plan of the proposed structure showing all bedrooms, bathrooms, and other potential water uses.
3. Copy of the State Well Permit.

Upon completion, a yield test, well & pump records, and water potability testing must be submitted for final approval.

The undersigned applicant certifies that the information furnished in this application is true and accurate. The applicant is aware that falsification of information 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.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.

Applicants Name (Print): _____ Title: _____
Applicant's Signature: _____ Date: _____

OFFICIAL USE ONLY

Received by: _____ Date: _____
Fee Collected: _____ Cash: _____ Check: _____
Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF HOPEWELL)