Township of Mahwah

Health Department
475 Corporate Drive, Mahwah, NJ 07430
Phone: 201-529-5757, ext. 2
Fax: 201-529-8013

Plan Review Fee:	**Construct: $ 200.00**	**Alter: $ 50.00**
Permit Fee:	**Construct: $ 50.00**	**Alter: $ 50.00**

PERMIT NUMBER: _____

RECEIPT NUMBER: _____ **$**_____

NJDEP WELL PERMIT NO: _____

WELL TEST RESULTS: _____

APPLICATION FOR A PERMIT TO LOCATE / CONSTRUCT/ ALTER AN INDIVIDUAL WATER SUPPLY AND SYSTEM

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ADDRESS AT WHICH SUPPLY IS TO BE CONSTRUCTED ☐ ALTERED ☐

STREET ADDRESS:_____ **BLOCK:**_____ **LOT:**_____

NAME OF PROPERTY OWNER:_____

OWNER'S ADDRESS: _____

PHONE: _____ **CELL:** _____

WELL DRILLER: _____ **DRILLER'S NJDEP LICENSE#** _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

TYPE OF WELL OR SOURCE OF WATER SUPPLY:_____

ESTIMATED DEPTH OF WELL:_____

METHOD OF SEALING: _____

IS THERE AN EXISTING WELL ON THE PROPERTY?_____

IF A FORMER WELL WAS ABANDONED, STATE WHEN: _____

ATTACH A DETAILED DRAWING OR ENGINEERING PLANS SHOWING THE FOLLOWING:

1) SIZE OF LOT
2) LOCATION OF ALL BUILDINGS
3) LOCATION OF THE PROPOSED INDIVIDUAL WATER SUPPLY
4) LOCATION OF SEPTIC SYSTEMS WITHIN 100 FEET OF WELL
5) LOCATION OF ADJACENT SEPTIC SYSTEMS ON NEIGHBORING PROPERTIES
6) LOCATION OF ANY FUEL STORAGE TANKS ON PROPERTY

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WE, THE UNDERSIGNED, AGREE TO CONSTRUCT THE AFOREDESCRIBED WATER SUPPLY IN ACCORDANCE WITH THE PROVISIONS OF THE TOWNSHIP OF MAHWAH, BOARD OF HEALTH CODE, CHAPTER 14 AND N.J.A.C. 7:9D

_____ _____

Signature of Owner **Signature of Well Driller**

Date: _____ **Date:** _____