



**Somerset County Department of Health**  
 27 Warren Street, Somerville, NJ 08876  
 P.O. Box 3000  
 Phone (908) 231-7155 | Fax (908) 704-8042



## Application for Permit to Construct or Repair or Abandonment of a Well

**Please make all checks payable to Bedminster Township and mail to: 1 Miller Lane, Bedminster, NJ 07921.**

Owner's Name \_\_\_\_\_

Date \_\_\_\_\_

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

Municipality \_\_\_\_\_

Mailing Address \_\_\_\_\_

Block \_\_\_\_\_ Lot \_\_\_\_\_

Phone Number \_\_\_\_\_

**Type of Building to be Served:**

Residential

Commercial

Name of Well Driller

Name of Pump Installer

\_\_\_\_\_

\_\_\_\_\_

NJ License #

Phone Number

\_\_\_\_\_

\_\_\_\_\_

Phone Number

\_\_\_\_\_

**Type of Permit**

*(check box)*

Abandonment

Repair or Alteration

New Construction

Purifier

Applicant's Name (Print) \_\_\_\_\_

Applicant's Signature \_\_\_\_\_

**The above signed hereby agrees to engage the services of a NJ State licensed well driller to construct or repair an individual potable water supply at the above named property in compliance with applicable state and local laws.**

***For Official Use Only***

Permit No. \_\_\_\_\_

Fee Submitted \_\_\_\_\_

Signature of Health Authority

Date