



**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 Borough of Far Hills and mail to: 6 Prospect St, Far Hills, NJ 07931.**

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