



# WASHINGTON TOWNSHIP

## HEALTH DEPARTMENT

43 SCHOOLEY'S MOUNTAIN ROAD  
LONG VALLEY, MORRIS COUNTY, NEW JERSEY  
Telephone (908) 876-3650  
Fax (908) 876-5138

### **APPLICATION FOR WELL PUMP/WELL LINE REPLACEMENT**

Name of Applicant \_\_\_\_\_

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

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

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

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

Well Line (Please Check)     yes     no

Well Pump (Please Check)     yes     no

Description of work \_\_\_\_\_

Pump Installer doing work \_\_\_\_\_

Contractor phone number \_\_\_\_\_

Type Of Well \_\_\_\_\_

Casing Depth \_\_\_\_\_

Depth of Well \_\_\_\_\_

Static Water Level \_\_\_\_\_

Attach an accurate plan showing the location of the following: Lot Dimensions, Well location to home, Well location to septic

Signature of Applicant \_\_\_\_\_

Date \_\_\_\_\_

Permit/Application fee: \_\_\_\_\_ Check # \_\_\_\_\_

Sketch an accurate plan showing the following: lot dimensions, location of house, location of each unit of the disposal system, all buildings and large trees in the disposal area, include dimensions from the house, side and rear lot lines, auxiliary buildings, and sewage units and wells on adjoining properties.

Township: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Drawn by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

