

# BOROUGH OF CHESTER BOARD OF HEALTH

## APPLICATION FOR A WELL OPERATION PERMIT

Name of Property Owner (the "Applicant"): \_\_\_\_\_

Street Location of Property: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

***APPLICATION IS HEREBY MADE*** To The Board of Health of the Borough of Chester, in the County of Morris, State of New Jersey, for a permit to a private well owner to operate a well for a period not to exceed five years. In making said application, the applicant attests that all of the conditions required by Borough Ordinance 99-13, governing the approval of such permit, have been met.

The applicant understands and agrees that the Board of Health may conduct inspections or have water quality tests conducted at the applicant's expense, to obtain or verify information necessary for consideration of a permit application or renewal.

**Specifically, the applicant attests to the truth of each of the following statements:**

- (i) The well and pump installation meet or have been upgraded to meet the requirements of applicable state law.
- (ii) The well construction and pump installation are not currently unsafe
- (iii) There are no cross-connections between the well and pump installation and the municipal water system. No fixture shall be served both by the well and by the municipal water system.
- (iv) The well and pump installation shall be used for the following purpose(s):  
\_\_\_\_\_  
\_\_\_\_\_

- (v) No unused well for any building shall be returned to active use subsequent to the connection of the building to the Water System unless a permit has been obtained pursuant to the requirements of law.

**Attached to this application form is an application fee in the amount of \$5.00 (check or money order payable to "Chester Borough Board of Health").**

**By providing my signature below, I attest to the truth of all representations made in this application form. I understand that misrepresentation of any facts associated with this application are grounds for revocation of a well operating permit if granted, as well as grounds for legal action to be taken against me.**

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

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## CHECK LIST



FOR AN  
APPLICATION FOR A WELL OPERATION PERMIT

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Street Location of Property: \_\_\_\_\_ Block \_\_\_\_\_ Lot \_\_\_\_\_

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

**Application Fee in the amount of \$5.00 is included with the application form**

**Copies of All Records at my disposal, regarding the installation and location of my well and well pump, are included along with the application form.**

**A copy of the Approved Inspection Report of the Borough Plumbing Sub Code Official is attached, showing the results of his inspection of the connection line for the public water system.**

### PLEASE TAKE NOTICE:

**The Board of Health shall not grant a Well Operating Permit to any property, which is located within an area of ground water contamination, as defined and identified in Borough Ordinance 99-13. By signing and submitting the attached application form, the Applicant is attesting to the fact that his/her property is not located within an area of ground water contamination. Potential applicants shall be held responsible for said representation to the Board.**