No: …….. **WELL SEALING PERMIT**

BOARD OF HEALTH – TOWNSHIP OF EWING **MERCER COUNTY, N.J.**

Permission is hereby granted for the following:

_____

_____

At _____

Location Address Block Lot

granted to _____ _____

Certified Well Driller (Applicant) License #

_____ _____

Address of Applicant **Phone #** **Date**

_____

Property Owner's Name

_____

Property Owner's Address

_____

Health Officer

Well Abandonment Permit Fee (Per Ewing Twp. Ordinance 172-18:R(2) …….. $100

Date Paid _____ Amount Paid _____

The recipient of this permit is bound to conform to all Township Ordinances relating to same.

Ewing Twp. Health Inspector MUST have PRIOR notification of event and be present onsite at time of well sealing and witness the process in its entirety.