

## **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 Franklin Township and mail to Franklin Township Clerk's Office: 475 Demott Lane, Somerset, NJ 08873.

Owner's Name						Date		
Street Address						Municipali	ity	
Mailing Address						Block	Lot	
Phone Number						☐ Re	nilding to be Serve sidential ommercial	d:
Name of Well Driller				Name (	of Pump	<u>Installer</u>		
NJ License #				Phone	Number			-
Phone Number		·····						-
			<u>Type of</u> (check					
		Abandonment	·		Repair	or Alteration		
		New Construction	n		Purifier			
Applicant's Name (Print) _								
Applicant's Signature								
The above signed hereby a potable water su	_						construct or repair e state and local la	
			For Officia	l Use On	ly			
Permit No		<u>-</u>				F	Fee Submitted	
Signature of Health Autho	 ritv					- I	 Date	