



**COUNTY OF SOMERSET  
DEPARTMENT OF  
PUBLIC HEALTH & SAFETY  
DEPARTMENT OF HEALTH**



Director / Health Officer  
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Deputy Director  
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Attention Public Water System Owner/Operator:

Please be reminded that any new construction or any repairs or alterations to your existing supply well and water distribution system require approval from the Somerset County Department of Health *before* the modifications are to begin. As a public non-community (PNC) water system registered with the New Jersey Department of Environmental Protection (NJDEP), it is important that all modifications meet the standards of the Safe Drinking Water Act. As the local administrative authority acting on behalf of the NJDEP, the Somerset County Department of Health requires advance notification and must approve the project prior to commencing any of the following activities, pursuant to N.J.A.C. 7:10-12.1 et seq:

- Installation and/or replacement of all water treatment devices
- Any increase/change in the distribution system (i.e. building expansions, new buildings, adding water lines/water fountains, pipe replacements)
- Installation/replacement of water pressure and storage tanks
- Installation/replacement of well pumps
- Drilling a new well
- All modifications to the well head
- Connecting to an additional well on the property
- Any modification of the well or well plumbing which could lead to possible contamination of the well

Prior approval from Somerset County Department of Health is not required for the following activities:

- Repairs taken during an emergency that has resulted or may imminently lead to a loss of water service to affected buildings (please contact our office if such an event occurs)
- Routine maintenance of water treatment devices (i.e. replacing the treatment media)
- Chlorinating the well due to an immediate bacteria acute MCL exceedance. However, notification shall be made to our office within 24 hours.

The NJDEP Safe Drinking Water Act Regulations can be accessed by visiting the following website:

[http://www.nj.gov/dep/rules/rules/njac7\\_10.pdf](http://www.nj.gov/dep/rules/rules/njac7_10.pdf)

For a copy of the application or for any additional questions, please contact Erin Balas at (908) 231-7155 or [ebalas@co.somerset.nj.us](mailto:ebalas@co.somerset.nj.us).

**Standard Application Form to Construct/Modify/Replace/Establish Public Non Community Water Systems**

- Mission Statement -

The County of Somerset is committed to excellence and innovation in public service, promoting the well-being of all residents and communities by providing effective, efficient and responsive leadership.

*Somerset County Is An Equal Opportunity Employer*

1) Applicant/Contact Info: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_  
Email Address: \_\_\_\_\_

2) Name of the Public Water System: \_\_\_\_\_  
Property Owner: \_\_\_\_\_  
***\*The Property Owner shall be notified of all proposed modifications***  
PWSID Number: \_\_\_\_\_  
Location of Work Site/Name of Facility: \_\_\_\_\_  
Address (Street/Road): \_\_\_\_\_  
Lot #: \_\_\_\_\_ Block #: \_\_\_\_\_  
Municipality: \_\_\_\_\_

- 3) Application is for approval of the following (Check all that apply):
- Installation and/or replacement of water treatment devices (please enclose a copy of the treatment device owner's manual, plumbing diagram, treatment device specifications, etc.)
  - Increase/change in the distribution system
  - Installation/replacement of water pressure or storage tanks
  - Installation/replacement of well pump (please enclose documentation showing NSF certification)
  - Drilling a new well
  - Modification to the well head
  - Connecting to an additional well on the property
  - Other \_\_\_\_\_

4) Check off which hired professional(s) will be performing the above modifications:

- New Jersey Licensed Engineer
- New Jersey Licensed Well Driller/Pump Installer
- Water Treatment Company
- New Jersey Licensed Water Operator

5) Brief Description of work to be performed (If applicable, please describe treatment process and the reason(s) for the installation)

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Prior to receiving approval, the Somerset County Department of Health may request additional documentation to verify alterations or modifications as outlined in this application. Please make sure you have provided a valid e-mail address to ensure expediting any additional requests from this office. Otherwise, the request for additional documents will be mailed to the address listed on this application. Also, please be aware that approval through this office does not reflect approval from municipality codes. It remains your responsibility to ensure that you are in compliance with any requirements from the local municipality.

Print Name of Applicant	Signature of Applicant	Date
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Print Name of Property Owner	Signature of Property Owner	Date
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**INTERNAL USE ONLY:**

PERMIT # PNC \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

APPROVED                      NOT APPROVED

Added to PNC Application Database \_\_\_\_

Original to System File \_\_\_\_

Copy to BSD \_\_\_\_

TMF Evaluation Required?      YES      NO

Reviewed By                      Date