



**NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION
BUREAU OF WATER SYSTEM ENGINEERING
TECHNICAL REVIEW FORM**

WELL NO. _____

(N.J.A.C. 7:10-11.7)

New Replacement Backup
 (as defined by N.J.A.C. 7:19-1.1 et seq.)

Water Purveyor	PWSID#	Municipality
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CONSTRUCTION:

Total Well Depth: _____ <table border="0" style="width:100%;"> <tr> <td style="width:33%;"></td> <td style="width:33%; text-align: center;">Diameter</td> <td style="width:33%; text-align: center;">Length</td> </tr> <tr> <td>Borehole:</td> <td>_____ in</td> <td>_____ ft</td> </tr> <tr> <td></td> <td>_____ in</td> <td>_____ ft</td> </tr> <tr> <td>Casing:</td> <td>_____ in</td> <td>_____ ft</td> </tr> <tr> <td></td> <td>_____ in</td> <td>_____ ft</td> </tr> <tr> <td></td> <td>_____ in</td> <td>_____ ft</td> </tr> <tr> <td>Screen:</td> <td>_____ in</td> <td>_____ ft</td> </tr> <tr> <td>Depth to Screen:</td> <td>_____</td> <td>_____ ft</td> </tr> </table>		Diameter	Length	Borehole:	_____ in	_____ ft		_____ in	_____ ft	Casing:	_____ in	_____ ft		_____ in	_____ ft		_____ in	_____ ft	Screen:	_____ in	_____ ft	Depth to Screen:	_____	_____ ft	Type of Pump: <input type="checkbox"/> Turbine <input type="checkbox"/> Submersible Pump Setting Level: _____ Capacity / head: _____ gpm @ _____ feet TDH Method of pump control: _____ Grout: Thickness: _____ in Depth: _____ ft
	Diameter	Length																							
Borehole:	_____ in	_____ ft																							
	_____ in	_____ ft																							
Casing:	_____ in	_____ ft																							
	_____ in	_____ ft																							
	_____ in	_____ ft																							
Screen:	_____ in	_____ ft																							
Depth to Screen:	_____	_____ ft																							

LOCATION:

Elevation of Well Head: _____ 100 Year Flood Elevation: _____	Aquifer: _____ Easting\Northing: _____ (State Plane Coordinates)
Water Allocation Permit \ Registration No.: _____ Well Coordinate: _____	Well Permit Number: _____

Previous Use of Land: _____

*Major Pollutant Sources: _____ (as defined by N.J.A.C. 7:10-11.5(i)8)

*Minor Pollutant Sources: _____ (as defined by N.J.A.C. 7:10-11.5(i)8)

*See Engineer's Report page _____ for description

PUMP TEST RESULTS

Has the pump test been done in accordance with N.J.A.C. 7:10-11.10? Yes No

Tested Yield: _____ % of Design Capacity: _____ Pump Test Duration: _____	Static Water Level: _____ Finished Water Level: _____ Drawdown: _____
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** All wells for potable use must be drilled by a Master Well Driller*

WELL HEAD, DISCHARGE PIPING AND WELL HOUSE DESIGN:

	YES	NO	N/A
1. Is the base of the well head at least 12 inches above the pump house floor or surrounding grade (N.J.A.C. 7:10-11.7(i)2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the well head properly sealed to prevent contamination (N.J.A.C. 7:10-11.7(i)1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the well head and floor above the 100 year flood elevation (N.J.A.C. 7:10-11.7(i)3)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Is the following ancillary well piping and equipment provided in the following order?			
a. Check valve located between the pump and any blowoff, bypass, or other connection (except air relief valve) to the discharge piping (N.J.A.C. 7:10-11.7(g)1)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Blowoff which terminates above ground via an air gap and is protected against contamination (N.J.A.C.7:10-11.7(g)2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Shutoff valve located after the blowoff to allow water to be discharged to waste without entering the distribution system (N.J.A.C. 7:10-11.7(g)3)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Air relief valve located between the pump and the check valve (N.J.A.C. 7:10-11.7(g)4)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Protected access to the well to permit the direct measurement of the water level (N.J.A.C.7:10-11.7(g)5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Totalizing flow meter before the blowoff (N.J.A.C.7:10-11.7(g)5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Screened, down facing well casing vent (N.J.A.C.7:10-11.7(g)5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Water level indicator (N.J.A.C.7:10-11.7(g)5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Discharge pressure gauge (N.J.A.C.7:10-11.7(g)5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Raw water sample tap (N.J.A.C.7:10-11.7(g)5)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Finished water sample tap (after a minimum of 5 minutes chlorine contact time) (N.J.A.C. 7:10-11.16(e) 2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Is the pump house floor above the highest flood elevation and sloped away from the well head (N.J.A.C. 7:10-11.7(i)2)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Is there proper drainage around the well building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Will access to the well be impeded during flooding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO | N/A |
|--|--|--|--|
| 9. Is the land within 50 feet of the well owned or controlled by the purveyor (N.J.A.C. 7:10-11.7(b))? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If land is not owned, has an easement been obtained?
Has prior approval been obtained from Bureau of Water System Engineering?
Include Date and ID of approval _____ | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> | <input type="checkbox"/>
<input type="checkbox"/> |
| 10. Is the land dedicated exclusively for the use of water supply related activities (N.J.A.C. 7:10-11.7(b))? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Is the installation protected from mischief or vandalism? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Is auxiliary power provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

REQUIRED FORMS:

Have the following forms been submitted:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| 1. Well Drilling Permit from the Bureau of Water Allocation and Wells? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Well Record? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Checklist for the Determination of Ground Water Status? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. New Jersey Well Vulnerability Questionnaire? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Submit appropriate engineering plans, specifications, reports, etc. to substantiate your answers.

I hereby certify that answers provided herein are accurate and reflective of the project being considered for approval.

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Signature of Engineer
Professional Engineer's Embossed Seal

_____ Date

_____ N.J.P.E. #

_____ Type or Print Name of Engineering Firm

