Subsurface Remediation & Investigation, A Division of AWT Environmental Services, Inc. P.O. Box 128, Sayreville, NJ 08871 Phone: 732-613-1660

NJ Well Permit Information Sheet

		ay 10, 2011		
From:			email to:	bduffy@awtenv.com
Contact Information:	Company:			
	Street Address			
	City & State zip code _			
NJ DEP WELL PERM	IIT INFORMATION, PL	LEASE PROVIDE	ALL ITEMS	
	<u>where</u> well is to be install cipal tax maps. (an individ		e name associate	ed with the
If above is a corp. name	of responsible individual			
Mailing Address of Own	er			
(Include zip code)				
Name of Facility (if differ	ent)			
Address of Facility(if diffe	erent)			
(Include zip code )				
	(The Lot & B  Y) of proposed well location  X	on from digital imag	e or provide scal	·
MW	X			
MW	X	Y		
Case ID #	DEP P	Program		-
Diameter of Well: 1"	2" 4" Number	r of Wells	Proposed Dept	h of Wells
Length of Screen Requi	red Size o	of Screen Slot: .010	" .020" Purpos	e of Well
Drilling Method Required	d: Air Rotary HSA	Direct Push	Formation Exp	ected:
Is soil sampling required	prior to setting wells?	Yes No	Drum Cuttin	gs? Yes No
Rig Requested: SIMCO	2800 Acker Track	Rig Geopro	be 7822 I	Hand Dug Well
Is this well an "off site" m	onitor well to your subject	t site? Yes N	No	

May 18, 2014

If Northing & Easting from iMap or Geo Web is NOT provided, please attach a Scaled Diagram of Well Locations that also identifies the site location. Each Well Must be Labeled with Your Well Name (i.e. MW-10B). Provide Names of at least two Adjacent Roads with distances to the well.