# HEALTH DEPARTMENT

TOWNSHIP OF CHESTER

Box 398, Chester, New Jersey 07930

## APPLICATION FOR A CERTIFICATE OF COMPLIANCE -- INSTALLATION

FEE $80.00 PERMIT NO. 652

DATE SUBMITTED 3/7/83 N.J.S.D.E.P. NO.

OWNER OF PROPERTY VIRGINIA DISPOSTI PHONE 879-7431

ADDRESS AT WHICH WATER SUPPLY HAS BEEN CONSTRUCTED:

BLOCK NO. 17 LOT 42

NAME OF WELL DRILLER FRANK ZEISSMANN PHONE 879 5530

ADDRESS Rt 24 Chester NJ

## WELL RECORD

TYPE OF WELL ~~INSTALLED~~: ☐ ROTARY ☒ DRILLED ☐ DRIVEN

METHOD OF SEALING: (Describe) DOUBLE SEAL WITH VENT / extend casing above ground.

DIAMETER: TOP ____ INCHES BOTTOM ____ INCHES. TOTAL DEPTH OF WELL: 79 FT.

CASING: TYPE steel to PVC DIAMETER: 6" INCHES LENGTH ____ FT.

RECORD OF TEST: DATE: ____ YIELD ____ GALLONS PER MINUTE.

1. STATIC WATER LEVEL BEFORE PUMPING 17 FT. BELOW SURFACE.
2. PUMPING LEVEL ____ FT. BELOW SURFACE AFTER ____ HOURS PUMPING.
3. DRAW DOWN ____ FT. – SPECIFIC CAPACITY ____ GALS./MIN./FT.
4. HOW PUMPED ____ HOW MEASURED ____

PERMANENT PUMPING EQUIPMENT:

1. TYPE 10ES05412 MANUFACTURER'S NAME: GOULDS
2. CAPACITY 10 G.P.M. HOW DRIVEN ½ H.P. ____ R.P.M.
3. DEPTH TO PUMP IN WELL: 70 FT. DEPTH OF FOOT PIECE IN WELL: ____ FT.

STORAGE FACILITIES: 203 WELL CONTROL TANK 80 gallon equivelant

WELL FLUSHED AND DISINFECTED: ☒ YES ☐ NO PUMPING EQUIPMENT DISINFECTED: ☒ YES ☐ NO

GIVE LOG DETAILS BELOW: ____

I hereby certify that the aforedescribed water supply system has been constructed in accordance with "The Realty Improvement Sewerage and Facilities Act," P.L. 1954, Chapter 199, and Board of Health Ordinance Dated April 18, 1974

DATE 3.9.83 SIGNATURE Derek Moore WELL DRILLER

DATE ____ SIGNATURE ____ PROF. ENGINEER

The final inspection of an individual water supply system shall include the collection of a sufficient number of samples for analyses to determine whether the water meets potable water standards adopted by the State Department of Environmental Protection. A certificate of Compliance -- Installation, shall not be issued for a water supply system failing to satisfy the potable water standards.

OFFICE USE ONLY: (Do not write below this line)

FEE COLLECTED BY: ____ DATE ____ AS BUILT SUBMITTED BY: ____ DATE ____

FINAL INSPECTION BY: ____ DATE ____ SAMPLE COLLECTED BY: FG DATE 3/14/83

SAMPLE ANALYZED BY: MADISON HEALTH DEPT DATE: ____