HEALTH DEPT. APPROVAL REQUIRED FOR THE ISSUANCE OF CERTIFICATE OF OCCUPANCY

As built Septic design — Reconstruction of house after fire water only Required — (date)

Well Inspection report — (date)

Pump installation report — (date)

Water analysis report - bacterial — 3-29-85 (date)

- chemical — NO3 3-29-85 (date)

The above information complies with all state and local ordinances required by this office.

Block 43A Lot 1

Owner Sagebien

Location Blue Spruce + Elm Ridge

Jerry L. [illegible]

water results - verbal
from Quality Control - Janet
bact. < 2.2
NO3 3.14 mg/l

DWR-133M
5/06

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
TRENTON, NJ

43.24 | 41
25000592/6

Permit No. _____

Mail To:
NJDEP
BUREAU OF WATER SYSTEMS
AND WELL PERMITTING
PO BOX 426
TRENTON, NJ 08625-0426

MONITORING WELL PERMIT

VALID ONLY AFTER APPROVAL BY THE D.E.P.

COORD #: 28 • 11 • 104

Owner George DeMartino

Address 2 Blue Spruce Drive
Pennington, NJ 08534

Name of Facility DeMartino Residence

Address 2 Blue Spruce Drive
Pennington, NJ 08534

Driller Environmental Management Associates, Inc.

Address 5303 Route 33/34
Farmingdale, NJ 07727

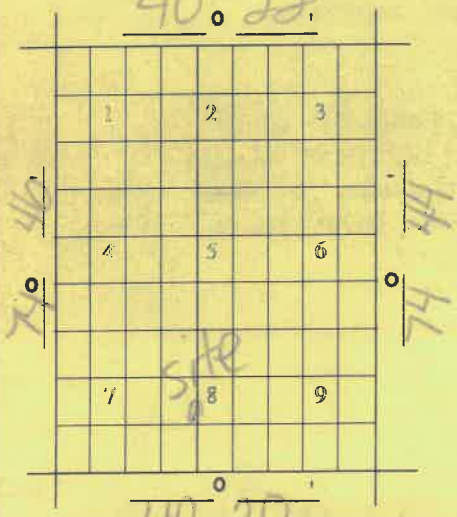
Diameter of Well(s)	2 Inches	Proposed Depth of Well(s)	20 Feet
# of Wells Applied for (max. 10)	1	Will pumping equipment be utilized?	YES ☐ NO ☐
Type of Well (see reverse)	Monitoring	If Yes, give pump capacity	cumulative GPM

LOCATION OF WELL(S)

Lot #	Block #	Municipality	County
41	43.24	Hopewell Twp	Mercer

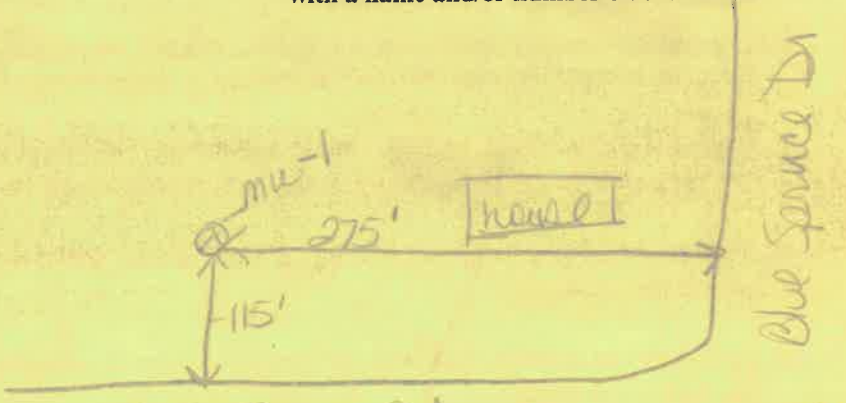
State Atlas Map No. 28

40 ° 22 '



40 ° 20 '

Draw sketch of well(s) nearest roads, buildings, etc. with marked distances in feet. Each well MUST be labeled with a name and/or number on the sketch.



PROPOSED WELL LOCATION (NAD 83 HORIZONTAL DATUM)
NJ STATE PLANE COORDINATE IN US SURVEY FEET

NORTHING: _____ EASTING: _____

OR

LATITUDE: ° ' " LONGITUDE: ° ' "

FOR MONITORING WELLS, RECOVERY WELLS, OR PIEZOMETERS, THE FOLLOWING MUST BE COMPLETED BY THE APPLICANT. PLEASE INDICATE WHY THE WELLS ARE BEING INSTALLED:

- ☐ RCRA Site
- ☐ Underground Storage Tank Site
- ☐ Operational Ground Water Permit Site
- ☐ Pretreatment and Residuals Site
- ☐ Water and Hazardous Waste Enforcement Case
- ☐ Water Supply Aquifer Test Observation Well
- ☐ Other (explain) _____
- ☐ Spill Site
- ☐ ISRA Site
- ☐ CERCLA (Superfund) Site

CASE I.D. Number 00-01-05-0940-46

This Space for Approval Stamp

WELL PERMIT APPROVED
N.J. D.E.P.
MAR 26 [redacted]
BUREAU OF WATER SYSTEMS

FOR D.E.P. USE
☐ Issuance of this permit is subject to the conditions attached. (see next page)
☑ For monitoring purposes only
☐ _____

SEE REVERSE SIDE FOR IMPORTANT PROVISIONS PERTAINING TO THIS PERMIT.
In compliance with N.J.S.A.58:4A-14, application is made for a permit to drill a well as described above.

Date 3/18/08 Signature of Driller _____ Registration No. T-22211

Signature of Property Owner _____ for George DeMartino

COPIES: Water Systems & Well Permitting - White Health Dept. - Yellow Owner - Blue Driller - White