



CHESTER BOROUGH HEALTH DEPARTMENT

Individual Water Supply System Requirements

1. Completed application for “Compliance Installation – Well”, by well driller. Certified approval from NJDEP. Fee of \$250.00 paid to the Board of Health. (Check made payable to the Borough of Chester)
2. A final water sample shall be taken from an appliance within the house by a representative of a certified water testing facility, to verify potability according to NJDEP (N.J.A.C. 7:10-12.30) standards as well as the following stricter standards. (See requirements below) **Also, VOC’s must be tested for.** A copy of the report will be brought to the Board of Health and a Certificate of Compliance will be issued.

The water produced by the individual water supply system shall meet the potable water standards of the State of New Jersey as well as the following stricter standards:

	<u>MAXIMUM LIMIT</u>
<u>MICROBIOLOGY</u>	
Total coliform, Membrane Filter	1 sample, no colonies/100 MI
<u>CHEMISTRY</u>	
Nitrate (Brucine)	10.00 Mg/L
Turbidity	5 turbidity units (TU)
Corrosivity	Within +/- 1.0 of the optimum pH as determined by the Langelier Index
pH	6.5-8.5
<u>METALS</u>	
<u>ATOMIC ABSORPTION</u>	
Arsenic	.05 Mg/L
Barium	1.00 Mg/L
Cadmium	.005 Mg/L
Chromium	.05 Mg/L
Iron	.3 Mg/L
Lead	.015 Mg/L
Manganese	.05 Mg/L
Mercury	.002 Mg/L
Selenium	.05 Mg/L
Silver	.01 Mg/L

Notwithstanding any prior tests and the issuance of a “Certificate of Compliance – Installation”, the Board of Health may take and test samples of water from any individual water supply system whenever the Board has reason to believe that the water supplied by such a system fails to meet Potable Water Standards adopted by the New Jersey State Department of Environmental Protection. In the event that a sample does not meet such standards, the Board of Health may order that use of the individual water supply system from which such sample was taken shall be immediately terminated.



CHESTER BOROUGH HEALTH DEPARTMENT

INDIVIDUAL WATER SUPPLY SYSTEM APPLICATION

Name _____

Address _____

Block _____ Lot _____

Phone Number: Home _____ Business _____ Fax _____

Type of Construction: New Construction Repair/Alteration

Type of Property: Residential Commercial

DESIGN DATA

Attach a sealed plot plan of the property to be served showing the following:
Size of lot, locations of all buildings, location of proposed individual water supply, location of septic/sewage facilities, elevations and watercourses.

Type of well _____ Estimated Depth _____

Depth of Casing _____ Diameter of Casing _____

Method of sealing _____ Storage Facilities _____

Pumping Equipment _____ Purification Facilities _____

CERTIFICATION OF QUALIFIED PERSON

This is to certify to the Board of Health of the Borough of Chester that the undersigned has prepared or examined the application and the accompanying plans and specifications, and that such application and data are in compliance with the standards for the construction of non-public and public non-community water systems, N.J.A.C. 7:10-3.10 through 7:10-3.93 and ordinances of the Borough of Chester to regulate and control the location, construction and use of Individual Water Supply Systems and providing for the violation thereof.

Name of Well Driller _____ License # _____

Firm _____ Phone _____

Address _____

Signature

Date