

WELL RECORD

Well Permit No 35 - 11551
Atlas Sheet Coordinates 35 11 248

OWNER IDENTIFICATION Owner CUMBERLAND NURSERIES
Address RD #1, BOX 242
City MILLVILLE State NJ Zip Code _____

WELL LOCATION If not the same owner please give address Owner's Well No _____
Address Route 49 MAIN ST W (ROUTE 49)
County Cumberland Municipality MILLVILLE CITY Lot No 48 Block No 1

WELL USE withdrawal Status in use

WATER USE Domestic Average 500 gals daily Maximum 1800 gals daily

WELL CONSTRUCTION Date well completed 10 / 25 / 91
BOREHOLE DIMENSIONS Depths Total 95 ft Finished 95 ft
Diameter Top 8 in Bottom 8 in
Land Surface Elevation at well 100 ft Elevation was determined using estimated from map
Casing Height (stick up) above land surface 1 ft

	DEPTH TO TOP (FT)	LENGTH (FT)	DIAMETER (IN)	TYPE AND MATERIAL S e n Not Slot S ()
Casing 1		<u>85</u>	<u>4</u>	<u>PVC Sch 40</u>
Casing 2				
Casing 3				
Screen 1	<u>85</u>	<u>10</u>	<u>4</u>	<u>PVC slot .015</u>
Screen 2				
Tail Piece				
Gravel Pack	<u>83</u>	<u>12</u>	<u>8</u>	<u>#1 & #2 well gravel</u>
Grout	<u>0</u>	<u>83</u>		<u> bentonite slurry</u>
Grouting Method	<u>pressure/tremie</u>			

WELL FLOWS NATURALLY _____ gals per min at _____ ft above the land surface
Water rises to _____ ft above the land surface

RECORD OF TEST Test Date 10 / 25 / 91
Static water level before pumping 32 ft below land surface Water level 44 ft below land surface after 1 hrs of pumping
Water level was measured using lift/pump Drawdown 12 ft
Discharge rate measured using bucket/timer Discharge Rate 25 gals per min
Well was pumped using submersible Specific Capacity 2.08 gals per min per ft of drawdown
Observed effects on nearby wells none
Water Quality (taste odor color etc) Okay

PERMANENT PUMPING EQUIPMENT Installed by D'Agostino's Pump Type Submersible
Mfrs Name Jacuzzi Model T12418P10-S2
CAPACITY Pump delivers 15 GPM at 40 PSI pressure
POWER 1 HP at 3450 RPM Power Source electric
DEPTHS Pump 52 ft Footpiece _____ ft Airline _____ ft
FLOW METER Model _____ installed on _____ in diameter pipe

CONTRACTOR Name of Drilling Contractor D'AGOSTINO WELL DRILLING
Address RR#8, Box 122
City Bridgeton, NJ 08302 State _____ Zip Code _____
Name of Driller David Mattus License No 1005

Signature of Contractor *Emilio D'Agostino* Date 11 / 22 / 91

Mail to

Water Allocation CN 029 Trenton, N.J. 08625

PERMIT TO DRILL WELL 10

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

COORD #: 35-11-268

Owner Cumberland Nurseries Address RD #1 Box 242 Millville, NJ 08332

Driller D'Agostino Well Drilling, Inc. Address RR 8 Box 122 Bridgeton, NJ 08302

Name of Facility Address Rt 49

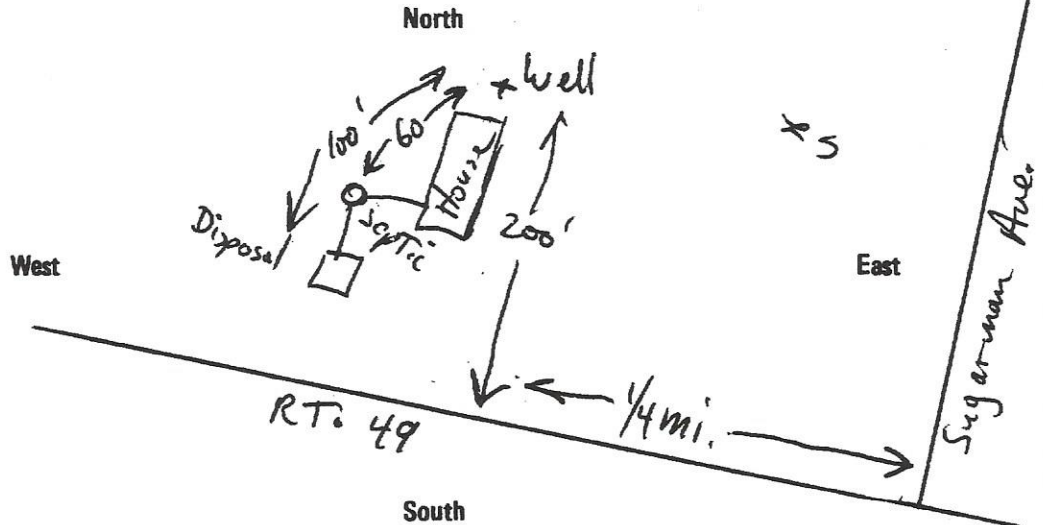
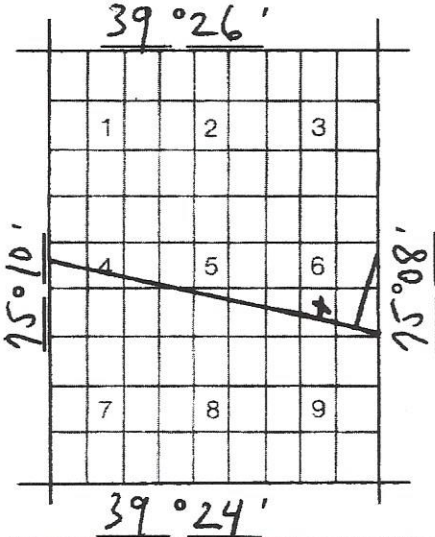
Table with well specifications: Diameter of Well (4 inches), Proposed Depth of Well (80 feet), Proposed Capacity of Pump (12 GPM), Method of Drilling (rotary), Use of Well (domestic new), Drinking Water Supply? (yes)

LOCATION OF WELL

Table with location info: Lot # 48, Block # 1, Municipality Millville, County Cumberland

Draw sketch showing distance and relations of well site to nearest public roads, streets, septic systems, etc.

State Atlas Map No. 35



SEE REVERSE SIDE FOR IMPORTANT PROVISIONS AND REGULATIONS PERTAINING TO THIS PERMIT. APPROVAL OF THIS PERMIT IS MADE SUBJECT TO ACCEPTANCE OF AND COMPLIANCE WITH THE FOLLOWING ADDITIONAL CONDITIONS.

- Checklist of conditions: DOMESTIC/PUBLIC NON-COMMUNITY Water Supply Wells shall comply with N.J.A.C. 7:10-12.1 et. seq. PUBLIC COMMUNITY Water Supply Wells shall obtain construction and operation permits from the Bureau of Safe Drinking Water in accordance with N.J.A.C. 7:10-11.1 et. seq. DOMESTIC IRRIGATION SUPPLY - No piping from the well for which the permit applies shall enter any building. HEAT PUMP WELLS - Wells must be a minimum of 50 feet apart and the water must be returned to the same aquifer as the production well. A two hour pump test must be performed on the return well at a rate of 1 1/2 times the estimated return flow of water. INDUSTRIAL SUPPLY - A physical connection control permit shall be obtained pursuant to the provisions of N.J.A.C. 7:10-10.1 et. seq. REPLACEMENT WELL - Existing well must be sealed by a certified New Jersey licensed well driller upon abandonment. IRRIGATION PURPOSES ONLY TEST PURPOSES ONLY PINELANDS - Well must be drilled and cased to a minimum depth of 100' unless the provisions of N.J.A.C. 7:50-6.84(a)4.v. are met. GEOPHYSICAL LOGS of this well must be made. Permanent pumping equipment SHALL NOT be installed until such logs are made. SAMPLES of cuttings required every feet or change in material. MINIMUM distance requirements as per N.J.A.C. 7:10-12.13 have not been met - see attached additional condition(s).

Approval stamp: This Space for Approval State of New Jersey Department of Environmental Protection Division of Water Resources/Water Allocation JAN 30 1991

In compliance with N.J.S.A. 58:4A-14, application is made for a permit to drill a well as described above.

Date 1/25/91

Signature of Driller Signature of Owner * Roger J. Runk



State of New Jersey
Department of Environmental Protection
Div. of Water Supply and Geoscience
Bur. Of Water Allocation and Well Permitting
Mail Code 401-04Q

401 East State Street – P.O. Box 420 Trenton, NJ 08625-0420
 E-Mail: Wellpermitting@dep.nj.gov FAX# (609) 633-1231

INCOMPLETE WELL SEARCH REQUESTS WILL BE RETURNED FOR MORE INFORMATION

Individual Well Search Questionnaire

REQUESTOR'S NAME: Wayne DiMarco, Member DiMarco Properties, LLC

- DRILLER ENVIRONMENTAL CONSULTANT HEALTH OFFICER
 PROPERTY OWNER OTHER _____

ADDRESS/CITY/STATE/ZIP: 1000 Conshohocken Road, Conshohocken, PA 19428

TELEPHONE #: 610-764-4013 FAX #: _____

E-MAIL ADDRESS: wdimarco@masports.com

REASON FOR WELL SEARCH REQUEST:

- DECOMMISSION WELL ENVIRONMENTAL INVESTIGATION/REMEDIATION
 OTHER: Farming

SEARCH FOR WELL ABANDONMENT REPORTS? YES NO

- WELL USE: DOMESTIC/POTABLE IRRIGATION AGRICULTURAL
 MONITORING/ENVIRONMENTAL INDUSTRIAL PUBLIC SUPPLY
 OTHER _____

WELL PERMIT NUMBER (if known): _____ LOCAL ID (if applicable): _____

LIST ALL PREVIOUS OWNERS NAMES, BUILDER, ETC.:
Hopewell at West Main, LLC, Roger J. Ruske Margaret M. Ruske Christopher J. Ruske

YEAR WELL WAS INSTALLED: prior to 2007 (Approximate if not known)

LOT #: 48 and 4 BLOCK #: 1 and 36 respectively (current and at time of installation)

STREET ADDRESS: West Main Street, Millville NJ 08332

CLOSEST STREET INTERSECTION: West Main Street and Sugarman Avenue

MUNICIPALITY: Millville COUNTY: Cumberland

WELL COORDINATES: Easting: _____ Northing: _____

ALL INFORMATION KNOWN ABOUT THE WELL (depth, diameter, casing material, length, driller, etc.)

WELL ABANDONMENT PROPOSAL (must be submitted by a licensed well driller)

DRILLER NAME: _____ REGISTRATION #: _____

METHOD: _____

NJDEP BWSWP USE ONLY

DATE: _____ SEARCH PERFORMED BY: _____

<u>WELL PERMIT</u>	<u>WELL RECORD</u>	<u>WELL DECOMMISSIONING</u>
COPY INCLUDED _____	COPY INCLUDED _____	COPY INCLUDED _____
NOT ON FILE _____	NOT ON FILE _____	NOT ON FILE _____

Approval to decommission the well will not be granted until a written proposal outlining the method of decommissioning has been submitted to the Bureau of Water Allocation and Well Permitting. Proposal must include total depth, diameter, casing material and length.

Other: _____

APPROVAL TO ABANDON:

DATE: _____ NAME: _____ APPROVAL #: _____

