

State of New Jersey DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply & Geoscience - Bureau of Water System Engineering Mail Code 401-04Q, 401 East State Street - P.O. Box 420, Trenton, New Jersey 08625-0420

Application Form for Cancellation of Physical Connection Permit or Elimination of Valves from Permit

Bypass and Detector Information:	1/ Applicant D								
Permanent Legal Address City/Town Telephone (Applicant/Own	er/Com _l	pany Na	me					
Contact Person Name	Permanent Leg	gal Addı	ress						
Contact Person Name	City/Town				State _		Zip Code		
2/ Details of Facility Name of Facility Name of Facility Address of Facility (Street/Road) Municipality Zip Code Block Lot Number, Type and Size of Backflow Preventer Valves currently permitted: Subject Item No, No Size Manuf, Model No, Serial No, Type Comments Elimin Bypass and Detector Information: Subject Item No, No, Size Manuf, Model No, Serial No, Type Elimin 3/ Elimination of one of more valves covered by this permit If you have one or more valves that you require to be removed from the permit but need to maintain perm please indicate above which valves have been eliminated and please obtain approval of the water company. Name of Public Community Water System	l elephone ()		Fax Number (_)	e-mail			
Name of Facility Address of Facility (Street/Road) Municipality	Contact Persor	n Name				I itle _			
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Public Water System ID number (PWSID)	please indicate company.	above	which va	alves have been	eliminated and p	please obta	ain approv		
	Public Water S	ystem I	D numb	er (PWSID)					
The Public Community Water Supplier hereby concurs with the removal of the above valves from this permit $\hfill \Box$			y Water :	Supplier hereby o	concurs with the	removal of	the above	valves	
Reviewed by: Authorized representative: Title		resenta	tive:			Tit	le		
Signature Date/ Phone	Signature				Date	/	/ Pł	none	

4/ Reason for Cancellation of permit. (please indicate the reason) Transfer of Ownership, Please complete new owner details below. New Owner/Company Name _____ Permanent Legal Address ______ State _____ Zip Code _____ City/Town _____ State ____ Zıp Code _____ Telephone (____) ___ Fax Number (____) ___ e-mail _____ Contact Person Name ______ Title _____ ☐ Unapproved Water Source Eliminated, Please obtain approval and signature of Water Company. If the unapproved water source was a well please attach a copy of the completed well abandonment form or provide the well permit number______. Other Reasons Please detail and obtain approval and signature of Water Company 5/ Water System approval for cancellation of permit Name of Public Community Water System Public Water System ID number (PWSID) The Public Community Water Supplier hereby concurs with cancellation of this permit Reviewed by: Authorized representative: Title Signature_____ Date / / Phone () 6/ Applicant's Signature Signature Date / /