

MONMOUTH COUNTY REGIONAL HEALTH COMMISSION #1

1540 WEST PARK AVENUE

SUITE 1

OCEAN, NEW JERSEY 07712

TELEPHONE (732) 493-9520

FAX (732) 493-9521



APPLICATION FOR PERMIT TO:

\_\_\_\_\_ Locate and Construct an Individual Water Supply and System

\_\_\_\_\_ Alter an Individual Water Supply and System

No.:

Use of Well: Domestic\_\_\_\_\_ Irrigation Well\_\_\_\_\_ Geothermal Well\_\_\_\_\_ Other\_\_\_\_\_ (Type)

Location: Address\_\_\_\_\_

Municipality:\_\_\_\_\_

Block:\_\_\_\_\_ Lot:\_\_\_\_\_

Owner's Name:\_\_\_\_\_ Phone:\_\_\_\_\_

Present Mailing Address:\_\_\_\_\_

Well Driller's Name:\_\_\_\_\_ NJ License No.:\_\_\_\_\_

Mailing Address:\_\_\_\_\_ Phone:\_\_\_\_\_

State Well Drilling Permit No.:\_\_\_\_\_ Date:\_\_\_\_\_

Type of Water Supply: Drilled Well\_\_\_\_\_ Driven Well\_\_\_\_\_ Spring\_\_\_\_\_ Other\_\_\_\_\_ (Type)

Well: Estimated Depth:\_\_\_\_\_ Diameter:\_\_\_\_\_ Sealing Method:\_\_\_\_\_

Cased\_\_\_\_\_ Uncased\_\_\_\_\_ Diameter of Casing (inches)\_\_\_\_\_

Casing: Length (feet)\_\_\_\_\_ Depth to Sanitary Seal\_\_\_\_\_

Type of Material\_\_\_\_\_ Thickness\_\_\_\_\_

Pump: Name\_\_\_\_\_ Capacity (gals/hr)\_\_\_\_\_

Model No.\_\_\_\_\_ Type - Centrifugal, jet piston, etc. \_\_\_\_\_

Location:\_\_\_\_\_

Storage Facilities: Tank Size:\_\_\_\_\_ Location:\_\_\_\_\_

Treatment Facilities (if required): \_\_\_\_\_

Estimated Water Demand:

Type of Establishment: \_\_\_\_\_

Gallons/Person/Day: \_\_\_\_\_ Persons/Served/Day \_\_\_\_\_

Total Gallons Required/Day: \_\_\_\_\_

Fee Paid: Domestic \$60\_\_\_\_\_ Irrigation \$50\_\_\_\_\_

Date Paid \_\_\_\_\_