

Monmouth County Regional Health Commission #1 1540 West Park Avenue, Suite 1 Ocean, New Jersey 07712 Telephone (732) 493-9520 Facsimile (732) 493-9521 www.mcrhc.org

OFFICE USE ONLY

Plan Review (Cat 1,2): \$75
Potable Insp/Lab Cert: \$285
Irrigation Insp: \$125
Realty Trans/Lab Cert: \$35
Date Paid:

APPLICATION FOR PERMIT TO:

Locate and Construct OR Alter an Individual Water Supply and System, Category 1 or Category 2 WITH Domestic Well Construction Inspection & Certification of Laboratory Water Analysis Irrigation Well/Geothermal Well (Open Loop) Construction Inspection											
Realty Transfer Review & Certification of Laboratory Water Analysis PRIVATE WELLS AND PRIVATE IRRIGATION WELLS - Fees are established through Monmouth County Regional Health Commission #1 Ordinance No. 17-06, Section 1.5 - The fees are differentiated for Plan Review (Category 1 or Category 2 Well), Private or Irrigation Well Construction Inspection, Laboratory Water Analysis, and/or Realty Transfer Review. Make check payable to MCRHC#1.											
	Use of Well: Domestic Irrigation Geothermal (Oper							Loop) Other (Type)			
Well Location (Address):											
Municipality:							Block: Lot:				
Owner's Name:							Owner's Telephone:				
Owner's Mailing Address:											
Well Driller's Name:							NJ License No:				
Mailing Address:							Telephone:				
NJ State Well Drilling Permit Number:							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: C				Capacity (gallons/hour):						
	Model No:				Type (Centrifugal, Jet piston, etc.):						
Well Physical Location:											
Storage		Tank Location:									
Treatment Facilities (if required):											
Estimated Water Demand: Type of Establishment:											
			Number of persons per day:			Gal	Gallons per person per day:				
Total number of gallons required per day:											
Signature of Applicant: Date:											
Please direct all inquiries to the Health Department at 732-493-9520											