

MONMOUTH COUNTY DEPARTMENT OF HEALTH

Route 9 and Campbell Court

P.O. Box 1255

Freehold, New Jersey 07728-1255

Telephone: Area Code (732) 431-7456

No.

**Application for Permit to:**

Locate and Construct an Individual Water Supply and System

Alter an Individual Water Supply System

Location: Address

Municipality  Block No.  Lot No.

Owners Name  Phone

Present Mailing Address  Zip

Well Drillers Name  NJ License No.

Mailing Address  Zip  Phone #

State Well Drilling License No.  Date

Type of Water Supply:  Drilled Well  Driven Well  Spring  Other - State Type

Well: Estimated Depth  Diameter  "Method of Sealing"

Cased  Uncased  Diameter of Casing (in inches)

Casing: Length of Casing (In Feet)  Depth to Sanitary Seal

Type of Material  Thickness

Pump: Name of Pump  Capacity (Gallons Per Hour)

Model Number  Type - Centrifugal, Jet Piston, Ect.

Location

Storage Facilities: Size of Tank  Location

Treatment Facilities: Give Description (If Required)

Estimated Water Demand:

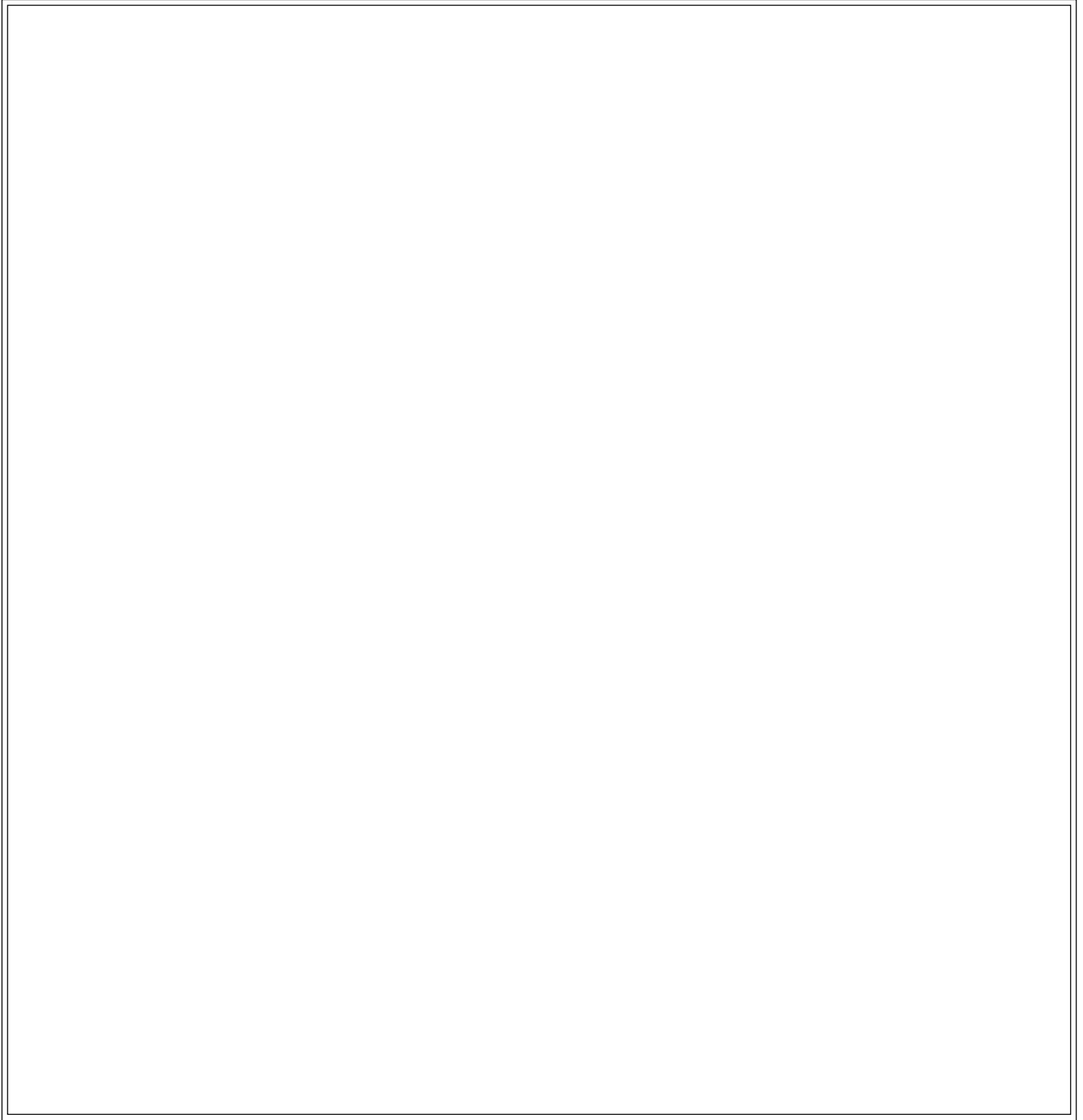
Type of Establishment to be Served  Gallons Per Person Per Day

Number of Persons to be Served Per Day  Total Gallons Required Per Day

**NO WELL MAY BE DRILLED WITHOUT WRITTEN OR VERBAL APPROVAL FROM THE MONMOUTH COUNTY HEALTH DEPARTMENT**

(2)

1. Sketch of property to be served is as shown below. (Indicate distance from well to septic system).



This is to certify that the water supply and system will be installed in accordance with the provisions of Chapter 199 PL 1954 and standards for the Construction of Public Non-Community and Non-Public Water Systems (as revised).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Well Driller