



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. 15-06, 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 (Open 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:	Capacity (gallons/hour):	
	Model No:	Type (Centrifugal, Jet piston, etc.):	

Well Physical Location:

Storage Facilities:	Tank Size:	Tank Location:
---------------------	------------	----------------

Treatment Facilities (if required):

Estimated Water Demand:	Type of Establishment:	
	Number of persons per day:	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