



Jersey Shore Regional Health Commission

628 Shrewsbury Avenue

Tinton Falls, NJ 07701

PHONE:(732) 493-9520 • FAX (732) 493-9521 • www.JSRHC.org



Well Plan Review Application

APPLICATION FOR PERMIT TO:

- Locate and Construct OR Alter an Individual Water Supply and System, Category 1 or Category 2 WITH
 - Domestic Well Construction & Certification of Laboratory Water Analysis
 - Irrigation Well/Geothermal Well (Open Loop) Construction Inspection
- Realty Transfer Review & certification of Laboratory Water Analysis

Office Use Only	
Plan Review (Cat 1,2):	\$100
Potable Insp/Lab Cert:	\$300
Irrigation Inspection:	\$150
Realty Trans/Lab Cert:	\$40
Date Paid	___/___/___

PRIVATE WELLS AND PRIVATE IRRIGATION WELLS: Fees are established through Jersey Shore Regional Health Commission Ordinances as found in Chapter 7. Non-Food Inspection Service. 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 all checks payable to Jersey Shore Regional Health Commission.

Use of Well: Domestic Irrigation Geothermal (Open Loop) Other-Specify: _____

Well Location (Address): _____
 Municipality: _____ Block: _____ Lot: _____

Owner's Name: _____ **Owner's Phone #:** _____
Owner's Mailing Address: _____ **Email:** _____
Street, Municipality, State, Zip code

Well Driller's Name: _____ **NJ License NO.:** _____ **Phone:** _____
Mailing Address: _____ **Email:** _____
Street, Municipality, State, Zip code

NJ State Well Drilling Permit Number: _____ **Date:** _____

Type of Water Supply: Drilled Well Driven Well Spring Other-Specify: _____

Well: Estimated Depth: _____ Diameter: _____ Sealing Method: _____
 Cased: _____ Uncased: _____ Diameter of Casing (inches): _____

Casing: Length (feet): _____ Depth of Sanitary Seal: _____
 Type of Material: _____ Thickness: _____

Pump: Name: _____ Capacity (Gallons/hour): _____
 Model No.: _____ Type (Centrifugal, jet piston, etc.): _____

Well Physical Location: _____

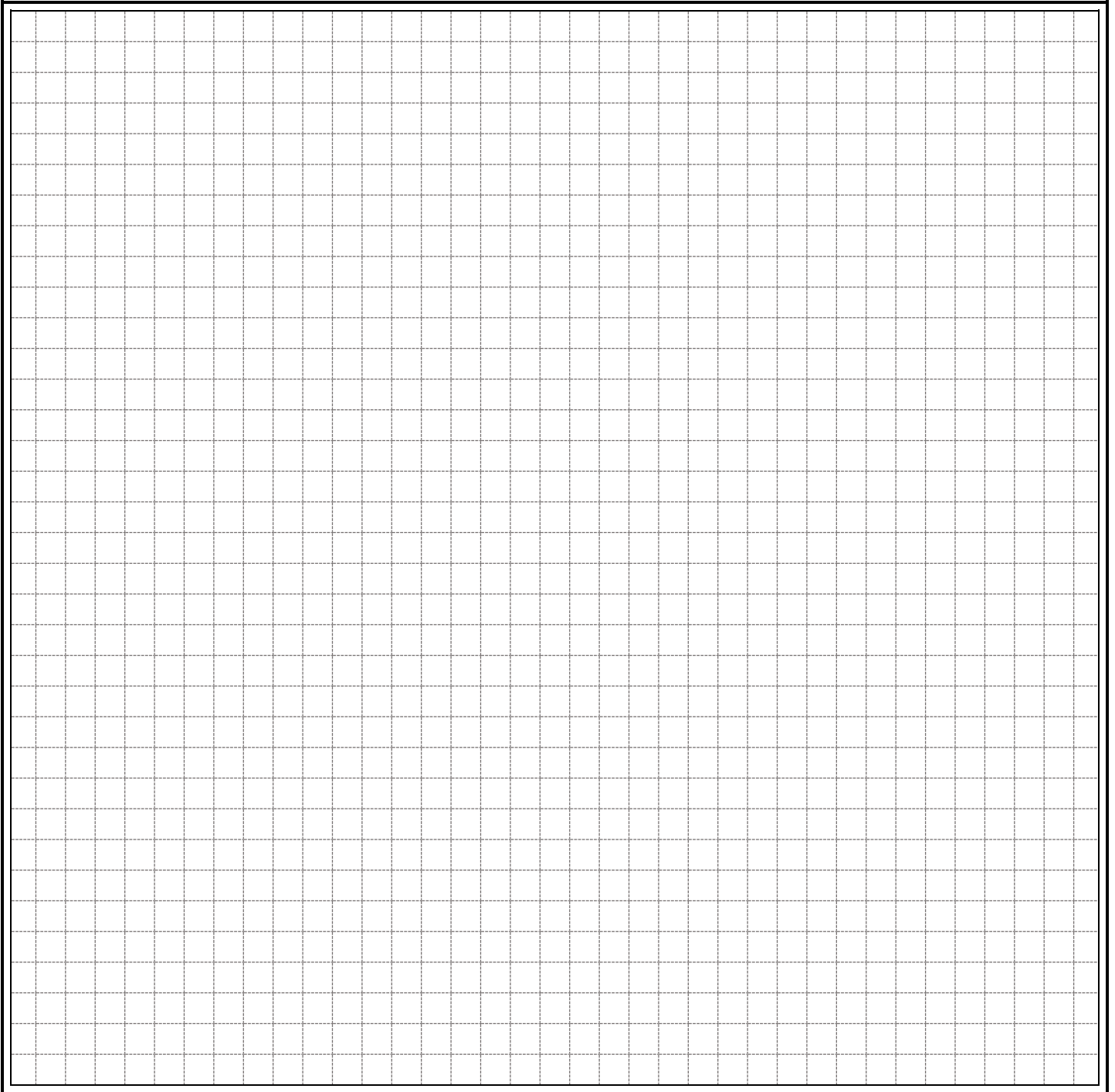
Storage Facility: Tank Size: _____ Tank Location: _____
 Treatment Facilities (if required): _____

Estimate Water Demand: Type of Establishment: _____
 Number of Persons per day: _____ Gallons per Person per Day: _____
 Total Number of Gallons required per day: _____

APPLICATION WILL NOT BE PROCESSED, UNLESS ACCOMPANIED BY A COPY OF NJDEP WELL PERMIT AND REMITTANCE OF FEES. NO WELL MAY BE DRILLED WITHOUT WRITTEN APPROVAL FROM JERSEY SHORE REGIONAL HEALTH COMMISSION

SKETCH OF PROPOSED INSTALLATION

Must include: Lot dimensions, Well location on lot, distance & location to nearest public roads, buildings & sewage disposal systems.

A large rectangular area filled with a fine grid of small squares, intended for drawing a sketch of the proposed well installation. The grid is enclosed in a double-line border.

By way of signing below, I hereby agree to engage the services of a New Jersey State Licensed Well Driller to construct or repair a well as described in the application above for the Named Property as to be in compliance with any and all applicable NJ State Laws and Local Ordinance.

Signature of Applicant: _____

Printed name Applicant: _____ Date ____ / ____ / ____