

Fee \$ _____

MONROE TOWNSHIP HEALTH DEPARTMENT

Municipal Complex - 1 Municipal Plaza
Monroe Township, NJ 08831

(732) 656-4573 fax (732) 521-3190

Application for Permit to Construct a Water Supply

Date _____

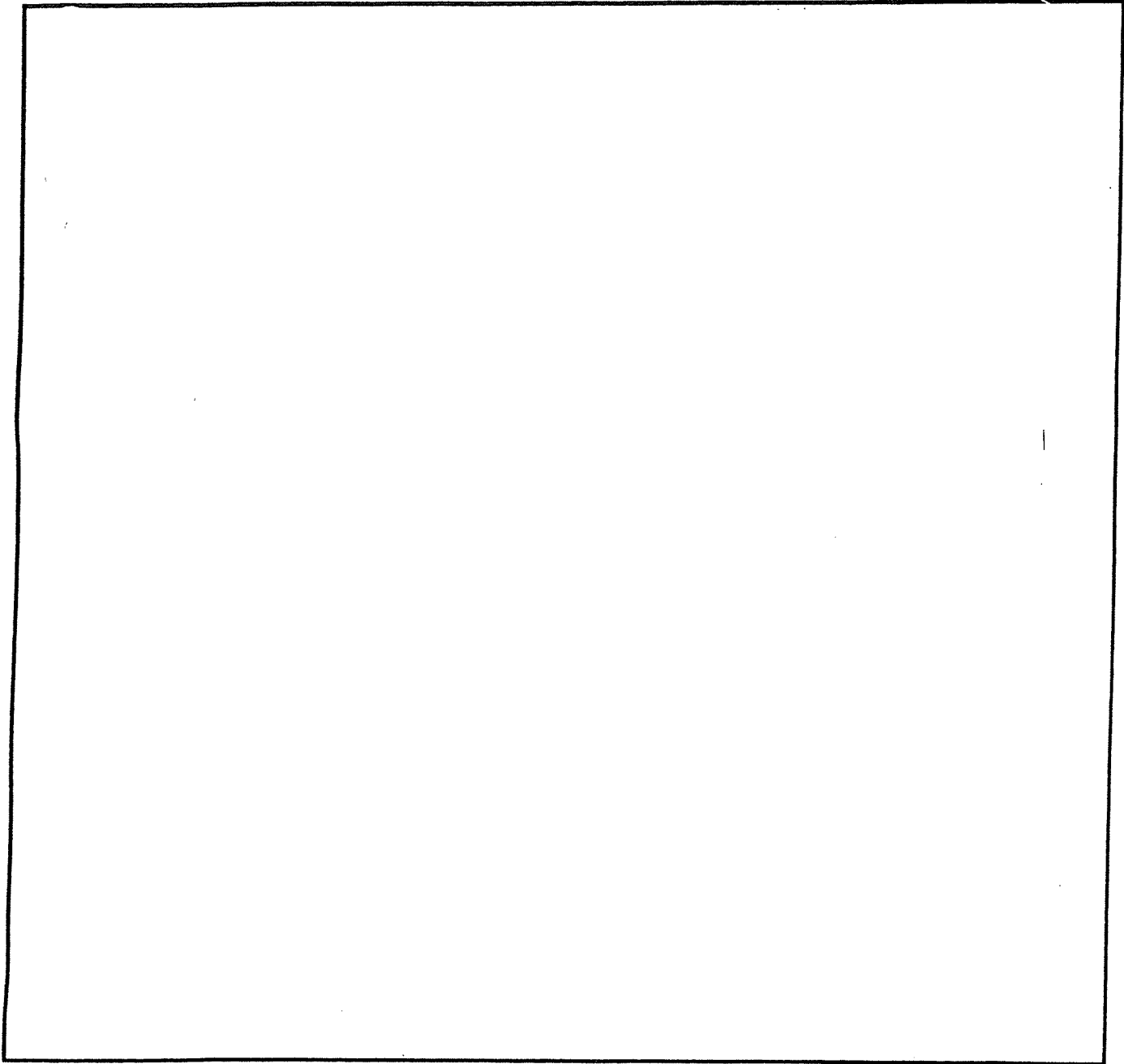
Owner _____

Address _____

Address at which well is to be drilled Block _____ Lot _____

Name and address of contractor _____

Describe the water supply in detail _____



Make an accurate sketch showing the following — lot, dimensions, location of house, location of water system, all buildings and large trees in area. Include distances from house, side and rear lot lines, auxiliary buildings, large trees and sewerage units.

The undersigned agrees to provide a water supply in accordance with the provisions of N.J. DEP — “Standards for the Construction of Public Non-Community and Non-Public Water Systems.”

Owner _____

Contractor _____