

Local Permit # _____

Fee: \$150.00

TOWNSHIP OF COLTS NECK
Colts Neck Health Department
Application for a Permit to Locate, Construct and Alter
an Individual Water Supply and System

DATE: _____ BLOCK: _____ LOT: _____

LOCATION ADDRESS: _____

OWNER (print): _____

PRESENT ADDRESS: _____

NAME OF CONTRACTOR: _____

ADDRESS OF CONTRACTOR: _____

TYPE OF BUILDING TO BE SERVED: _____ USE: Yearly _____ Summer: _____

Dwelling Unit – Number of Bedrooms: _____ Expansion Attic: Yes _____ No: _____

Other – Type of Building: _____

Type of Well or source of water supply: _____

Estimated depth of well: _____ Method of Sealing: _____

Pumping Equipment: _____ Horsepower: _____

Storing Facilities: _____

Purification Facilities: _____

Electrical Permit #: _____

If this is a replacement well, provide reason for replacement: _____

If this is a replacement well, will old well be decommissioned? Yes _____ No _____

If NO, please explain why? _____

ON BACK SKETCH THE PROPERTY TO BE SERVED SHOWING THE FOLLOWING:

- | | |
|--|--|
| 1. Size of lot | 2. Location of septic system components (including connecting lines) |
| 3. Area in Square Feet | 5. Location of existing (if applicable) proposed individual water well |
| 4. Location of all buildings/streets | |
| 6. Location of water line(s) from well to building | |

The undersigned agrees to construct or alter aforescribed water supply in accordance with the provisions of an ordinance entitled: "AN ORDINANCE establishing a code regulating the location, construction, alteration, use and supervision of individual and semipublic water supplies, requiring certain permits, providing for the inspection of such supplies, the fixing of fees and prescribing penalties for violations" adopted by the Board of Health.

Signature of Owner

Signature of Contractor

A PERMIT WILL NOT BE ISSUED UNTIL ALL PROPERLY COMPLETED PAPERWORK IS RECEIVED AND APPROVED BY THE HEALTH DEPARTMENT