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2 West Main  
Brookside, N.  
Township Ha



BOARD OF HEALTH - TOWNSHIP OF MENDHAM

MORRIS COUNTY , NEW JERSEY

INDIVIDUAL WATER SUPPLY SYSTEM APPLICATION

(LOCATION AND DESIGN)

BLOCK \_\_\_\_\_ LOT \_\_\_\_\_

Property address \_\_\_\_\_

Homeowner's name \_\_\_\_\_ Phone \_\_\_\_\_

Date Submitted \_\_\_\_\_

Applicant \_\_\_\_\_ Phone \_\_\_\_\_

Signature of Applicant \_\_\_\_\_

Reason for Well \_\_\_\_\_

DESIGN DATA

Type of well \_\_\_\_\_ Estimated Depth \_\_\_\_\_

Depth of Casing \_\_\_\_\_ Diameter of Casing \_\_\_\_\_

Method of Sealing \_\_\_\_\_ Storage Facilities \_\_\_\_\_

Pumping Equipment \_\_\_\_\_ Purification Facilities \_\_\_\_\_

ATTACH A SCALED PLOT PLAN OF THE PROPERTY TO BE SERVED, SHOWING THE FOLLOWING:

Size of lot, location of all buildings, location of proposed individual water supply system, location of sewerage facilities, elevations, water courses, and the location of any adjacent property septic systems that are within 150 feet of the proposed well.

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CERTIFICATE OF QUALIFIED PERSON

This is to certify to the Board of Health of the Township of Mendham that the undersigned has prepared or examined the within application and accompanying plan and specifications and that such application and data are in compliance with Standards for the Construction of non-public and public non-community water systems N.J.A.C. 7:10-3.10 through 7:10-3.93 and Ordinances of the Township of Mendham to regulate and control the location, construction, and use of Individual Water Supply Systems and providing for the violation thereof.

Signature \_\_\_\_\_

P.E. License # \_\_\_\_\_

Firm \_\_\_\_\_ Phone \_\_\_\_\_

(Seal)

or-

Name of Well Driller \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

License # \_\_\_\_\_