

Borough of Watchung

BOARD OF HEALTH



APPLICATION FOR CERTIFICATION OF COMPLIANCE WITH DRINKING WATER STANDARDS

Block: _____ Lot: _____

Name and address of owner of property upon which well is located:

Primary Phone: _____ Work Phone: _____

Real Estate Agency:

Name _____ Telephone No. _____

Point of Collection: _____

Existing Treatment Units (Describe: Filters, UV, Chlorinator, etc.):

Who Collected Water Sample:

Date of Laboratory Report:

Application Fee Paid \$50.00 Yes { } No { }

Laboratory Tests for (specify): _____

Do you know of any other problems or special considerations such as having multiple wells, slow rate of flow, discoloration, etc. If so, describe:

Date: _____

Signature of Applicant

Application No. _____