



Borough of Watchung

BOARD OF HEALTH

For Office Use Only

Permit Number: _____

Permit Year: _____

Payment Amount: _____

APPLICATION FOR CERTIFICATION OF COMPLIANCE WITH DRINKING WATER STANDARDS

FEE DUE: \$50.00

Property Owner Name: _____

Primary Phone: _____ Email: _____

Property Owner Address: _____

Location of Well: _____

Block: _____ Lot: _____

Real Estate Agency: _____

Real Estate Agency Phone: _____

Point of Collection: _____

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

Who Collected Water Sample: _____

Date of Laboratory Report: _____

Application Fee Payment Received: \$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, please describe:

Applicant Signature: _____ Date: _____

Application Approved By: _____ Date: _____

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Permits/Applications www.watchungnj.com