



# 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](http://www.watchungnj.com)