Munici	pal (Con	nple	x
2 Jake	Gar	zio	Driv	e
Ewing,	NJ	086	28	

Stephanie Mendelsohn Health Director



Sharon McNellis-Kissel Health Officer

The Township of Ewing Board of Health

BERT H. STEINMANN, MAYOR AARON T. WATSON, BUSINESS ADMINISTRATOR

CERTIFICATION OF LABORATORY WATER ANALYSIS REPORT

Address of Property:	Block: Lot:				
Name of Owner:					
Address of Owner:					
City: State: Phone: Fax:()	Zip:				
Phone: (Email:				
Name of Contact: Phone: Fax:()	Title:				
Phone: () Fax:()	Email:				
Name of Certified Lab:	I ab Number				
Address of Certified Lab:					
Contact Person: Phone Number:	Email:				
Date Sampled:					
Date of Lab Report:					
Date of Review by Health Department:					
Findings					
Compliant with N.I.A.C.7:10 Standarday D Non Compliant with N.I.A.C.7:10 Standarday D					
Compliant with N.J.A.C 7:10 Standards: Non-Compliant with N.J.A.C 7:10 Standards:					
Reason for Non-Compliance:					
Laboratory Water Analysis Review By:					
_					
Certification of Laboratory Water Analysis Report \$30.00					
The undersigned applicant agrees to comply with the p	ovision set forth under N.J.A.C 7:9E "Private Well Testing				
Act Regulations", N.J.A.C. 7:10 "Safe Drinking Water Act Rule", N.J.A.C. 7:18 "Regulations Governing the					
	surements", the governing Codes for the State of New				
Jersey and any local ordinances.					
	FACTS AND DATA SUPPLIED ARE TRUE AND CORRECT.				
Applicants Name (Print):	Title:				
Applicant's Signature:	Date:				
OFFICIAL USE ONLY					
Received by:	Date:				
Fee Collected: Cash:	Check: Credit Card: Credit Card:				
Health Officer's Signature:	Date:				

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)