



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: _____ Zip: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____
Name of Contact: _____ Title: _____
Phone: (____) _____ - _____ Fax: (____) _____ - _____ Email: _____

Name of Certified Lab: _____ Lab 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.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 provision 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 Certifications of Laboratories and Environmental Measurements", the governing Codes for the State of New Jersey and any local ordinances.

I CERTIFY TO THE BEST OF MY KNOWLEDGE ALL 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: _____
Health Officer's Signature: _____ Date: _____

(PAYMENT SHALL BE MADE TO THE TOWNSHIP OF EWING)