



Stephanie Mendelsohn
Health Director

W. Allen Lee
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: _____ 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)