

Township of Warren
Board of Health

Somerset County

46 Mountain Boulevard, Warren, New Jersey 07059-5695
908-753-8000 Extension 239 – (Fax) 908-757-9173

APPLICATION FOR CERTIFICATION OF COMPLIANCE WITH DRINKING WATER STANDARDS AS REQUIRED BY SECTION 4, ORDINANCE 93-2A.

Date: _____ Block # _____ Lot # _____

Name & address of owner of property upon, which well is located: _____

Real Estate Agency: _____
Name Phone #

Real Estate Agent: _____
Name Phone #

Point of Collection: _____ Collected by: _____

Date of Report _____ Laboratory Tests for: VO Scan, Chem 5 & Coliform

Name of Certified Laboratory _____

Reason for Testing:

1. _____ Certificate of Occupancy
2. _____ Rental Property
3. _____ Transfer of Ownership
4. _____ Other (Describe) _____

Are there any Existing Treatment Units at this location (filters, UV, Chlorinator, Etc.)

Yes: _____ No: _____ Describe: _____

Do you know of any other problems or special considerations such as having multiple wells, slow rate of flow, discoloration, etc. If so describe: _____

Signature of Applicant Date

Phone # _____ Home
_____ Business

Application Fee \$ _____

Date: _____ Check No./Cash _____ Receipt Number: _____ By: _____