



110 Fifth Street, Suite 500
Salem, New Jersey 08079
856-935-7510 ext. 8448
Fax 856-935-5348

WATER CERTIFICATION REQUEST

Location: Municipality: _____

Street: _____

Block: _____

Lot: _____

Select reason for testing:

☐

Real Estate Transaction/Rental

☐

New Construction/Replacement

Laboratory providing results: _____

Property Owner: _____

Buyer/Tenant: _____

Applicant requests a Water Certification Report for laboratory testing performed on the well at the property listed above.

Print name

Date