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## **TREATMENT FACILITIES CERTIFICATION FORM FOR NON-PUBLIC WATER SUPPLY SYSTEMS**

Municipality: \_\_\_\_\_ Block: \_\_\_\_\_ Lot: \_\_\_\_\_

Owner: \_\_\_\_\_

Address: \_\_\_\_\_

### Water Treatment Information

Type of unit- ion exchange, reverse osmosis, granulated activated charcoal, acid neutralizer, KDF etc.

What is chemical treatment for: \_\_\_\_\_

Location of treatment unit: \_\_\_\_\_

NFS/ANSI Certification Standard #: \_\_\_\_\_

Model: \_\_\_\_\_ Type of unit: \_\_\_\_\_ Application rate: \_\_\_\_\_

Model: \_\_\_\_\_ Type of unit: \_\_\_\_\_ Application rate: \_\_\_\_\_

Model: \_\_\_\_\_ Type of unit: \_\_\_\_\_ Application rate: \_\_\_\_\_

Certifying Signature \_\_\_\_\_

Printed Name \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form and return it to:

Gloucester County Department of Health

204 E. Holly Ave.

Sewell, NJ 08080

Email: [Envhealth@co.gloucester.nj.us](mailto:Envhealth@co.gloucester.nj.us)