



Phone: (856) 218-4170 Fax: (856) 218-4161

Email: envhealth@co.gloucester.nj.us

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: Envheath@co.gloucester.nj.us