GLOUCESTER COUNTY DEPARTMENT OF HEALTH
204 E. Holly Avenue
Sewell, New Jersey 08080
(856) 218-4170

Public Non-Community Application to Modify/Install Treatment or Modify Distribution

1. *Applicant/Owner: ___________________
   Permanent Legal Address: ___________________________________________
   City/Town __________________________ State ________ Zip Code ____________
   Telephone (____) ______________________ Fax Number (____) _______________
   Name of Public Water System ___________________
   PWSID # ______________ Public Water System E-mail address __________________

2. This Application is for the approval of the following (check one or more as applicable):

<table>
<thead>
<tr>
<th>Treatment Plant</th>
<th>Distribution Modification</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Treatment Plant</td>
<td>Water Main/service line extension</td>
</tr>
<tr>
<td>Modify existing Treatment Plant</td>
<td>Distribution Storage, Storage Tank</td>
</tr>
<tr>
<td>Ground Water Rule 4 Log Certification</td>
<td>Pump Station, Booster Pump</td>
</tr>
</tbody>
</table>

Brief description of the above:
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

3. Location of Work Site

   Name of Facility, if applicable ___________________
   Address (Street/Road) __________________________ Zip Code: ____________
   Lot No. __________ Block No. __________
   Municipality __________________ County __________

4. The person responsible for the preparation of plans, specifications and report.

   Name __________________________
   Name of Firm, if employee ___________________
   Address (street/road) __________________________
   City/Town __________________________ State ________ Zip Code ____________
   Telephone (____) ______________________ Ext________ Fax Number (____) _______________
   E-mail address __________________________ Firm Web Site __________________
5. **APPLICANT'S CERTIFICATION**
I certify under penalty of law that the information provided in this document is true, accurate and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate or incomplete information.

________________________________________
Type: Name

________________________________________
*Signature of Applicant/Owner’s Authorized Representative

________________________________________
Type: Position

________________________________________
Date of Application

**Instructions:** All Items (1 through 5) of the Standard Application shall be completed on this form. All specific applications required by administrative authority must also be submitted. Completed applications and all supporting documentations must be submitted to: