

MOUNT OLIVE TOWNSHIP HEALTH DEPARTMENT

WATER TESTING APPLICATION

THIS IS AN APPLICATION FOR THE HEALTH DEPARTMENT TO CONDUCT WATER TESTING

1. Name, Address and Telephone Number of Present Owner:

() _____

2. Address of Property:

(number & street)

Block: _____ Lot: _____

Signature of Owner

FOR OFFICE USE ONLY

Date Received: _____ Receipt# _____ Amt. Paid: _____

FEES:

\$100.00

\$50.00

T.C. – Bacteria

Retest / Analysis up to 4 parameters

Nitrates

Manganese

\$75.00

Copper

Heavy Metals

Total Hardness

Arsenic

pH

Barium

Lead

Cadmium

Iron

Chromium

Mercury

\$130.00

Lead

Selenium

Volatile Organics

Silver