### Child Care Center - Indoor Environmental Health Assessment

**FORM E: WATER AND SEWER INFORMATION**

<table>
<thead>
<tr>
<th>Facility Name</th>
<th>Street Address</th>
<th>City</th>
<th>County</th>
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**Directions:** Provide the following information. Use an additional sheet if necessary.

#### I. Potable Water Supply

Is the potable water certified to meet NJ DEP safe drinking water standards?  
☐ Yes  ☐ No

Check type of water supply:
- ☐ On-site Well - Depth of well: __________________________  Depth of pump set at: ________________
- ☐ Public Community Water System

#### II. Waste System (Check one)

- ☐ Septic System:  
  Size: _________  
  Location: __________________________
  Describe Condition: 

- ☐ Cesspool:  
  Size: _________  
  Location: __________________________
  Describe Condition: 

- ☐ Public Community Sewer System

#### III. Comments or Concerns

Indicate any comments or concerns regarding any of the above: