

**New Jersey Department of Health
Consumer, Environmental and Occupational Health Service
Environmental and Occupational Health Assessment Program
PO Box 369, Trenton, NJ 08625-0369**

**Child Care Center - Indoor Environmental Health Assessment
FORM E: WATER AND SEWER INFORMATION**

Facility Name	Street Address	City	County
---------------	----------------	------	--------

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: