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| Water Quality Parameter Sampling PlanSYSTEM NAMEPWSID NUMBERPLAN DATE  |

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| **1. Sampling Plan Certification** |

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| ***I have verified and certify the information listed in this Plan is true and accurate to the best of my knowledge and belief:***  |
| Plan Preparer Signature |  | Date |
| Plan Preparer Name (Please Print) |  | Title |
| Water System Owner Signature |  | Date |
| Water System Owner Name (Please Print) |  | Title |
| Licensed Operator Signature |  | Date |
| Licensed Operator Name (Please Print) |  | License Number |
| **Use additional spaces below for future updates/revisions Revised Plan Date:** |
| ***I have verified and certify the information listed in this Plan is true and accurate to the best of my knowledge and belief:***  |
| Plan Preparer Signature |  | Date |
| Plan Preparer Name (Please Print) |  | Title |
| Water System Owner Signature |  | Date |
| Water System Owner Name (Please Print) |  | Title |
| Licensed Operator Signature |  | Date |
| Licensed Operator Name (Please Print) |  | License Number |

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| 1. **General Water System Information**
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| System Name: | PWSID: |
| System Type**: Community (CWS)** [ ]  **; Non-transient noncommunity (NTNC)** [ ]  ;  Transient Daycare [ ]  ; Non-Public Daycare [ ]   |
| NTNC Water Systems Only: School [ ]  ; Daycare [ ] ; Hospital [ ]   |
| System Source Type: Ground Water (GW) [ ] ; Surface Water (SW) [ ] ; GW Under Direct Influence (GUDI) [ ] ; SW Purchased [ ] ; GW Purchased [ ]  |
| Number of Service Connections[[1]](#footnote-1):  | System Size Under LCR: Large [ ] ; Medium [ ] ; Small [ ]  |
| Total Population Served (excluding transient population): |

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| **2.a Contact Information** |
| System owner contact information: |
| Name: | Title: |
| Phone: | Email: |
| Licensed operator contact information  |
| Name: | Title: |
| Phone: | Email: |
| License (VSWS, T1, etc.): | License Number: |
| Plan Preparer contact information: |
| Name: | Title: |
| Phone: | Email: |
| Additional Licensed operator contact information (*if applicable*) |
| Name: | Title: |
| Phone: | Email: |
| License (VSWS, T1, etc.): | License Number: |

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| **2.b List of Sources and Treatment Facilities** *Add additional rows and information as necessary* |
| Treatment Facility/ID# (TP)a | Supplying Source(s)/ID# (WL, IN)a | Corrosion Control Usedc |
| TP \_ \_ \_ \_ \_ \_ \_  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ [ ]  No Treatmentb CH \_ \_ \_ \_ \_ \_ \_  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | [ ]  Chemical feed(s) operated for CCT[ ]  pH Adj. Process/Chem: [ ]  Orthophosphate/Orthophosphate Blend [ ]  Silica[ ]  Alkalinity Adj. Process/Chem: [ ]  None |
| TP \_ \_ \_ \_ \_ \_ \_  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_[ ]  No Treatmentb CH \_ \_ \_ \_ \_ \_ \_  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | [ ]  Chemical feed(s) operated for CCT[ ]  pH Adj. Process/Chem: [ ]  Orthophosphate/Orthophosphate Blend [ ]  Silica[ ]  Alkalinity Adj. Process/Chem: [ ]  None |
| Bulk Suppliers | Interconnections /ID# (CC)a | Corrosion Control Used by Supplierc |
| PWSID: NJ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_ \_\_  | **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ **\_ \_ \_ \_ \_ \_ \_ \_ \_**  [ ]  Year Round [ ]  Emergency [ ]  Seasonal \_ \_/\_ \_ to \_ \_/\_ \_ | % of water received from interconnection(s): | [ ]  Chemical feed(s) operated for CCT[ ]  pH Adj. Process/Chem: [ ]  Orthophosphate/Orthophosphate Blend [ ]  Silica[ ]  Alkalinity Adj. Process/Chem: [ ]  None |
| Additional Corrosion Control Treatment Locationsd | Corrosion Control Used |
|  | [ ]  Chemical feed(s) operated for CCT[ ]  pH Adj. Process/Chem: [ ]  Orthophosphate/Orthophosphate Blend [ ]  Silica[ ]  Alkalinity Adj. Process/Chem: [ ]  None |

a 1 Facility IDs are available in Drinking Water Watch. Note that emergency interconnections may not be in DWW; therefore, insert the name of the facility in lieu of the Facility ID.

b If multiple supplying sources combine prior to distribution system, but with no treatment prior enter the Facility ID for the common header

c If the supplying source is an interconnection (CC) indicate what CCT the wholesaler operates in addition to what the purchaser has installed

d An example of an additional treatment location would be a booster pump station for orthophosphate in the distribution system

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| **2.c Contact Information for bulk purchasers and wholesalers:** *Check here if not applicable* [ ]  |
| **We will notify the Bulk purchasers listed below and NJDEP if any change in source water and/or change in corrosion control treatment will last for 30 or more consecutive days.** |
| SYSTEM NAME (PWSID NUMBER) Bulk Purchaser [ ] ; Wholesaler [ ]  Year-Round [ ] ; Seasonal [ ] ; Emergency [ ]  |
| Name: | Title: |
| Phone: | Email: |
| SYSTEM NAME (PWSID NUMBER) Bulk Purchaser [ ] ; Wholesaler [ ]  Year-Round [ ] ; Seasonal [ ] ; Emergency [ ]  |
| Name: | Title: |
| Phone: | Email: |
| SYSTEM NAME (PWSID NUMBER) Bulk Purchaser [ ] ; Wholesaler [ ]  Year-Round [ ] ; Seasonal [ ] ; Emergency [ ]  |
| Name: | Title: |
| Phone: | Email: |

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| 1. **Distribution Map**

*For Non-Transient Noncommunity water systems, a detailed sketch may be included in lieu of a map.* |
| Check all items listed below that are identified on the Distribution Map in Appendix A.  |
| Required: | If applicable: |
| * EPTDS (permanent and emergency)
* Standard WQP Sampling Sites
* Reduced WQP Sampling Sites
* Alternate WQP Sampling Sites
 | [ ]  Storage Tanks[ ]  Delineation of areas receiving CCT[ ]  Delineation of areas receiving no CCT or different CCT from seasonal EPTDS[ ]  Booster Stations with CCT[ ]  Blow offs/flushing points[ ]  Delineation of Pressure Zones # of Pressure Zones:  |

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| 1. **Sample Site Selection**
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| **4a. Distribution System Sampling Sites** *Add additional rows and information as necessary* |
| **Standard WQP Sites** MinimumNumber Required:  |
|  | *Street Address/Building* | *Tap Location (i.e., Kitchen)* | *Site specific justification[[2]](#footnote-2)* |
| 1 |  |  |   |
| 2 |  |  |  |
| 3 |  |  |  |
| **Reduced WQP Sites** MinimumNumber Required: [ ]  *not applicable; residential and non-transient population ≤ 500* |
|  | *Street Address/Building* | *Tap Location (i.e., Kitchen)* | *Site specific justification2* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Alternate WQP Sites** Minimum Number Required:  |
|  | *Street Address/Building* | *Tap Location (i.e., Kitchen)* | *Site specific justification2* |
| 1 |  |  |  |
| 2 |  |  |  |
| 3 |  |  |  |
| **Changes to WQP Sites** |
| Changes to WQP sample sites are only allowed when we can no longer gain access to the site or if the original site location no longer meets the selection criteria. The NJDEP will be notified of the change in WQP sampling site by completion and submission of the Water Quality Parameter Sample Site Change Form (BWSE-19), which can be found at http://www.nj.gov/dep/watersupply/dws-sampreg.html, within 10 days following the end of the monitoring period. |
| **4.b Entry Point to the Distribution System Sampling Sites** |
| Refer to table 2.b for the list of sites to sample for the EPTDS (emergency EPTDS are only required to be sampled if they are in use for 30 or more consecutive days) |

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| **5. Monitoring Schedules and Required Analytes** |
| Check all applicable boxes for CURRENT monitoring schedules and complete the required information within those tables only. The tables that are not applicable should be deleted from the WQPSP |

| **5a. Initial WQP Monitoring** [ ] *EPTDS does not have CCT installed and/or do not receive water from a wholesaler who has CCT installed; therefore, this monitoring is required 6-months from the beginning of the monitoring period in which an AL is exceeded.* |
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| **Location** | **Frequency** | **Number of Sites** | **Analytes** | **Additional Analytes for CCT Recommendation[[3]](#footnote-3)** |
| **EPTDS** | Twice within 6 months from the beginning of the monitoring period in which the system exceeds the AL |  | - pH- Alkalinity- Calcium- Conductivity- Temperature | - Iron- Manganese- Aluminum- Chloride- Sulfate |
| **DS** | Twice within the 6 months from the beginning of the monitoring period in which the system exceeds the AL |  | - pH- Alkalinity- Calcium- Conductivity- Temperature | - Iron- Manganese- Aluminum- Chloride- Sulfate |
| [ ]  The water system is required to conduct initial monitoring for only select EPTDS that do not have CCT. The Facility IDs for these EPTDS are:  |
| Within 6 months after the end of the monitoring period in which the system exceeds an action level, a Corrosion Control Treatment Recommendation will be submitted to the NJDEP, with the Initial WQP data as supporting documentation. |

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| **5b. Follow-Up WQP Monitoring** [ ] *Immediately following installation of CCT* |
| **Location** | **Frequency** | **Number of Sites** | **Analytes** |
| **EPTDS** | Every 14 days |  |  - pH[ ]  Alkalinity (if adjusted)[ ]  Calcium (if adjusted)[ ]  Orthophosphate[[4]](#footnote-4) (a phosphate-based corrosion inhibitor is used)[ ]  Silica (a silicate-based corrosion inhibitor is used) |
| **DS** | Twice within each 6-month monitoring period |  |  - pH - Alkalinity[ ]  Calcium (if adjusted)[ ]  Orthophosphate2 (a phosphate-based corrosion inhibitor is used)[ ]  Silica (a silicate-based corrosion inhibitor is used) |
| [ ]  The water system is required to conduct follow-up monitoring for only select EPTDS. The Facility IDs for these EPTDS are:  |
| [ ]  Seasonal EPTDS will be monitored during the operational period. The two-week compliance periods are counted starting with the initial date of the monitoring schedule, which is [ ]  January 1, 20\_ \_ [ ]  July 1, 20\_ \_ A listing of the two-week compliance periods is available at <http://www.nj.gov/dep/watersupply/dwc-lead-public.html> [ ]  Distribution sites will be sampled during the operational period of the system’s seasonal EPTDS |
| Within 30 days of completing follow-up monitoring, the system will submit an *Optimal WQP Recommendation Form* (BWSE-LC03) to the NJDEP.  |

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| **5c. Optimal WQP Monitoring** [ ] *After NJDEP sets optimal WQP values (NJDEP Letter Designating Optimal Values enclosed in Appendix B)*[ ]  *NJDEP Letter Granting Reduction of Optimal WQP Monitoring is enclosed in Appendix C* |
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| **Location** | **Frequency** | **Number of Sites** | **Analytes** | **Optimal Minimum Value** |
| **EPTDS** | Every 14 days |  | * pH
 |  |
| [ ]  Alkalinity (if adjusted) | mg/L |
| [ ]  Calcium | mg/L |
| [ ]  Orthophosphate[[5]](#footnote-5) (a phosphate-based corrosion inhibitor is used) | mg/L |
| [ ]  Silica (a silicate-based corrosion inhibitor is used) | mg/L |
| **DS** | [ ]  Standard: Twice within each 6-month monitoring period[ ]  Reduced number of sites twice within each 6-month monitoring period[ ]  Reduced number of sites twice within: [ ]  6-month [ ]  Annual [ ]  Triennial |  | * pH
 |  |
| [ ]  Alkalinity (if adjusted) | mg/L |
| [ ]  Calcium | mg/L |
| [ ]  Orthophosphate6 (a phosphate-based corrosion inhibitor is used) | mg/L |
| [ ]  Silica (a silicate-based corrosion inhibitor is used) | mg/L |
| [ ]  The water system is required to conduct optimal monitoring for only select EPTDS. The Facility IDs for these EPTDS are:  |
| [ ]  Seasonal EPTDS will be monitored during the operational period. The two-week compliance periods are counted starting with the initial date of the monitoring schedule, which is [ ]  January 1, 20\_ \_ [ ]  July 1, 20\_ \_ A listing of the two-week compliance periods is available at <http://www.nj.gov/dep/watersupply/dwc-lead-public.html>[ ]  Distribution sites will be sampled during the operational period of the system’s seasonal EPTDS |

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| 1. **Sample Collection, Analysis, and Reporting**
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| **6a. Sample Collection & Analysis** *Check one of the four boxes below that is applicable for the water system and complete required information* |
| [ ]  A Certified Lab collects and analyzes all WQP samples.  Lab Name: Contact Name: Phone: Email:[ ]  The Licensed Operator is an employee of the certified lab and will be collecting and analyzing the samples on behalf of the certified laboratory listed above.The system has provided the lab with a list of all sampling sites. The lab must consult with the system prior to sampling any site that is not listed in the WQPSP. The water system will ensure that the certified lab analyzes the following required WQPs in the field: [ ]  temperature [ ]  pH |
| [ ]  The Licensed Operator has his/her own Lab certification for analysis of the following WQPs:[ ]  pH (in field) [ ]  temperature (in field) [ ]  alkalinity [ ]  conductivity [ ]  calcium[ ]  orthophosphate [ ]  silica  |
| [ ]  An Approved Party collects and analyzes all WQP samples.  Name: Title: Phone: Email: License #:  Alternate Name: Title: Phone: Email: License #:[ ]  The Approved Party is not a Licensed Operator, but was trained by: Licensed Operator Name: License #:  Phone: Email:  |
| [ ]  An Approved Party collects and analyzes some WQP samples and a Certified Lab analyzes some WQP samples. Certified Lab Information Lab Name: Contact Name: Phone: Email: WQP Analysis for: [ ]  pH (in field) [ ]  temperature (in field) [ ]  alkalinity [ ]  conductivity [ ]  calcium [ ]  orthophosphate [ ]  silica  Approved Party Information Name: Title: Phone: Email: License #:  [ ]  The Approved Party is not a Licensed Operator, but was trained by: Licensed Operator Name: License #:  Phone: Email:  WQP Analysis for: [ ]  pH (in field) [ ]  temperature (in field) [ ]  alkalinity [ ]  conductivity [ ]  calcium [ ]  orthophosphate [ ]  silica  |

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| **Approved Party Sample Collection Procedures[[6]](#footnote-6)** *Check here if not applicable (i.e. certified laboratory collects all WQPs)* [ ]  |
| * Remove aerator
* Fully flush tap (minimum of 30 seconds)
* Make observations about color, suspended solids, and flushing time on Chain of Custody

[ ]  We collect calcium samples in addition to other WQP samples; therefore, two 500 mL sample bottles will be filled at EPTDS and DS sites.[ ]  We collect silica samples; therefore, plastic sample containers will be used.  |
| **Approved Party Sample Analysis Procedures10***Check here if not applicable (i.e. certified laboratory analyzes all WQPs)* [ ]  |
| * The following required WQPs will be analyzed in the field: [ ]  temperature [ ]  pH
* The following EPA methods/instrumentation will be used for analysis:

[ ]  pH:[ ]  temperature[ ]  alkalinity: [ ]  calcium: [ ]  conductivity: [ ]  orthophosphate:[ ]  silica:  |
| **6b. Sample Reporting** (check all that apply) |
| [ ]  Our certified lab will submit WQP results electronically via E2.[ ]  Our Approved Party will submit WQP results on the *WQP Monitoring Report Form for Approved Party* by emailing it to watersupply@dep.nj.gov. This form, along with instructions, can be found at <http://www.nj.gov/dep/watersupply/dws-sampreg.html>. [ ]  A continuous analyzer is used for compliance monitoring of WQP data; therefore, the average for each day (24 hours period) will be inputted onto the *WQP Monitoring Report Form for Approved Party.*[ ]  Our Licensed Operator will submit the daily chemical dosages for CCT chemical feeds on the Monthly Operator Report within 10 days following the end of the month in which the data was collected. |

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| **7. Action Plans** |
| **7a. Use of an Emergency EPTDS (i.e., treatment plant, interconnection)** |
| [ ] We do not have any emergency EPTDS[ ] If an emergency source is used at any time, we will * + Contact the NJDEP within 6 hours of emergency and within 5 working days prior to undertaking any planned change in treatment and/or use of an emergency source.

 [ ]  Contact bulk purchasers within 6 hours of emergency and within 5 working days prior to undertaking any  planned change in treatment and/or use of an emergency source, or in accordance with contractual  obligations. [ ] If an emergency source is used for 30 or more consecutive days, we will:* + Conduct WQP monitoring at the emergency EPTDS (listed in table 1b) and within the impacted distribution system area.

 The person responsible for implementing this action plan is: Name: Title: Phone: Email: |

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| **7b. Monitoring and Reporting (M&R) Violations** |
| * We will notify NJDEP within **48 hours** after the system learns of monitoring violations.
* We will implement Tier 3 public notification requirements and submit a copy of public notice and Public Notice Certification within 10 days of issuance to NJDEP.

[ ]  We are a CWS and will incorporate the Tier 3 public notice into our Consumer Confidence Report* We will ensure sample collection from minimum number of required sites in subsequent monitoring periods.

The person responsible for implementing this action plan is: Name: Title: Phone: Email: |
| **7c. Single Excursion Check** *Check here if not applicable (i.e. not on optimal monitoring) □*[ ]  *We will implement the following once on optimal WQP monitoring*  |
| * Management and supervisors will be made aware of the issue immediately.
* A follow up sample will be collected immediately to confirm the issue.
* A review of treatment operations and/or distribution operations.
* Calibration of equipment will be reviewed and/or conducted.
* Repairs/optimization of operations based on findings of evaluation.
* Sample collection immediately following any changes to optimize treatment and/or distribution system.

The person responsible for implementing this action plan is: Name: Title: Phone: Email: |
| **7d. Treatment Technique Violation** *Check here if not applicable (i.e. not on optimal monitoring) □*[ ]  *We will implement the following once on optimal WQP monitoring*  |
| * Report the violation to NJDEP within **48 hours** of becoming aware of the violation.
* Deliver a Tier 2 public notification[[7]](#footnote-7) to your customers within 30 days of becoming aware of the violation.
* Submit the Public Notice Certification Form (BSDW-53) and a copy of the Tier 2 Public Notice materials to the NJDEP within ten days of implementing the public notice requirements.
* Review of treatment and/or distribution operations and perform calibrations of equipment.
* Submit a remedial measures report to the NJDEP within 30 days of becoming aware of the violation that outlines the evaluation steps taken, findings, and remedial actions taken.
* Return to standard WQP tap monitoring (every 6-months at standard number of sites).
* Return to standard Lead and Copper tap monitoring (every 6-months at standard number of sites).
* Update the WQPSP and Lead and Copper Sampling Plan

[ ]  Other: The person responsible for implementing this action plan is: Name: Title: Phone: Email: |

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| **8. Division of Water Supply & Geoscience Contact Information** |
| Bureau of Safe Drinking Water | 609-292-5550 |
| Bureau of Water System Engineering | 609-292-2957 |
| Bureau of Water Allocation and Well Permitting | 609-984-6831 |
| Bureau of Water Resources & Geoscience | 609-292-2576 |

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| **APPENDIX** *Check all that apply and are enclosed* |
| [ ]  Appendix A: Distribution System Map |
| [ ]  Appendix B: NJDEP Letter Designating Optimal Values |
| [ ]  Appendix C: NJDEP Letter Granting Reduction of Optimal WQP Monitoring |

1. For NTNC water systems the number of service connections is equal to the number of buildings served [↑](#footnote-ref-1)
2. The justification must include considerations outlined in Section 4a of the Water Quality Parameter Sampling Plan Guidance. In addition, if the system has seasonal EPTDS, considerations outlined in Section 5d of the Water Quality Parameter Sampling Plan Guidance need to be considered. [↑](#footnote-ref-2)
3. The additional parameters are necessary for a full evaluation of the water system’s water quality and CCT evaluation and will be submitted and reviewed along with the system’s CCT Recommendation. Refer to EPA’s *Optimal Corrosion Control Treatment Evaluation Technical Recommendations for Primacy Agencies and Public Water Systems,* March 2016. [↑](#footnote-ref-3)
4. Orthophosphate values are required to be reported as P (phosphorous). The conversion from phosphate (PO4) is: PO4 x 0.3265 = P [↑](#footnote-ref-4)
5. Orthophosphate values are required to be reported as P (phosphorous). The conversion from phosphate (PO4) is: PO4 x 0.3265 = P [↑](#footnote-ref-5)
6. General sampling and analytical procedures are provided in this template; refer to the Office of Quality Assurance for standard procedures at <http://www.nj.gov/dep/enforcement/oqa.html>. [↑](#footnote-ref-6)
7. A template for the Tier 2 public notification for a WQP treatment technique violation is available at <http://www.nj.gov/dep/watersupply/dws-sampreg.html>. [↑](#footnote-ref-7)