



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Division of Water Supply and Geoscience
 Bureau of Safe of Safe Drinking Water
 Compliance Assistance Section
 Mail Code 401-04Q – P.O. Box 420
 Trenton, New Jersey 08625-0420
 Tel# 609-292-5550- Fax # 609-633-1495
watersupply@dep.nj.gov

REMEDIAL MEASURE REPORT FORM

To support compliance with the federal and state Safe Drinking Water Acts and to assist the supplier of water in returning to compliance, submit this form detailing proposed and/or completed remedial measure(s) to the Bureau of Safe Drinking Water (Bureau) within thirty (30) calendar days of receipt of your Notice of Non-Compliance. Email the completed form to watersupply@dep.nj.gov, referencing the water system’s name, PWSID#, and the form number in the subject line. To ensure accuracy and compliance, this form should be completed, reviewed, and signed by the owner/executive director and, if applicable, the licensed operator of record.

A new form should be submitted to the Bureau, following any changes to the proposed/completed remedial measures or completion dates.

1. General Information

PWSID#:	PWS Name:
Violation/Trigger: <input type="checkbox"/> MCL Violation <input type="checkbox"/> Treatment Technique Violation <input type="checkbox"/> State Violation	
Contaminant: _____ Violation Number(s) _____	
Violation Date: _____ Notice of Noncompliance Received Date: _____	
Is treatment currently installed to address the contaminant of concern? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, list the last date of service/maintenance prior to incurring the referenced violation:	
Submittal Date: _____	

2. Remedial Measures (Proposed and/or Completed)

Select all applicable remedial measures. Include the proposed completion or completed dates for each remedial measure selected.

Note: Per N.J.A.C. 7:10-5.7(a), within one year after receipt of results demonstrating an exceedance of a maximum contaminant level (MCL) that constitutes a violation, a supplier of water shall take any action necessary to bring the water into compliance with the MCL.

Remedial Measure <i>(Select all that apply)</i>		Proposed/Completed Date:
a. Maintain / Repair existing treatment	<input type="checkbox"/>	
b. Modify current treatment	<input type="checkbox"/>	
c. Install new treatment	<input type="checkbox"/>	
d. Permanently remove the contaminated source from service <ul style="list-style-type: none"> • Decommission well(s) <input type="checkbox"/> • Redesignate well(s) <input type="checkbox"/> 	<input type="checkbox"/>	
e. Use an alternate source(s) of water supply	<input type="checkbox"/>	
f. Increase sampling frequency (Not applicable for MCL violations.)	<input type="checkbox"/>	
g. Flush water system	<input type="checkbox"/>	
h. Other (describe below)	<input type="checkbox"/>	

Upon completion of any remedial measures, submit a Corrective Action Completion Certification (CACC) form. The CACC is available at <https://www.state.nj.us/dep/watersupply/pdf/wso-ca-01.pdf>.

It is critical to keep the Bureau involved throughout the remedial measure process to support compliance and public notice assistance.

3. Certification

This form must be completed, reviewed, and signed by the owner/executive director and, if applicable, the licensed operator of record.

PWSID#:	PWS Name:
Completed by (print name):	
Original Signature:	Date:
Water System Owner/Executive Director (print name):	
Original Signature:	Date:
Licensed Operator and License Number (print name):	
Original Signature:	Date: