



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

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

Groundwater Rule Corrective Action Plan

Submit a Corrective Action Plan detailing proposed corrective actions to the Bureau of Safe Drinking Water within thirty (30) calendar days of notification of the triggering event via email to watersupply@dep.nj.gov, include your water system name, PWSID, and "CAP" in the subject (strongly recommended for confirmation of receipt), or by mail or fax to the contact information above. Pursuant to the Federal Regulations at 40 CFR 141.403, corrective action must be completed within 120 days (or earlier if directed by the State) of receiving written notification from the State of a significant deficiency, written notice from a laboratory that a ground water source sample collected under § 141.402(a)(3) was found to be fecal indicator-positive (*E. coli*), or direction from the State following a sample collected under § 141.402(a)(2), § 141.402(a)(4), or § 141.402(b) is fecal indicator-positive (*E. coli*). **The water system must receive Bureau approval prior to implementing corrective actions.**

1. General Information

PWSID#:		PWS Name:	
PWS Contact Name:	PWS Contact Email:	PWS Contact Phone#:	
Trigger Event Date:		120-Day Due Date:	

2. Corrective Actions Proposed

Select one or more options and provide a brief explanation for the selection in Section 3. below.

a. Eliminate the source of <i>E. coli</i> contamination.	
b. Provide an alternate source of water.	
c. Install treatment that reliably achieves at least 4-log treatment of viruses (using inactivation, removal, or a State-approved combination of 4-log virus inactivation and removal).	

PWSID #:

Public Water System Name:

3. Milestones

The milestone timeframes must take into consideration that a system is required to complete all corrective actions and sampling, if applicable, within 120-days from the trigger event date.

3a. Eliminate the Source of Contamination (N/A)

(Note: Community water systems (CWS) and non-community water systems (NCWS) are permitted to elect to eliminate the source of contamination only once. A water system that incurs a subsequent Ground Water Rule Corrective Action trigger will be required to either provide an alternate source of water or install 4-log inactivation of treatment of viruses.)

Eliminate the source of E. coli contamination	Description and Supporting Documentation <i>If applicable</i>	Proposed completion date (MM/DD/YYYY)
Provide a detailed description and supporting photographs of all identified potential sources of contamination.		N/A
Indicate proposed corrective actions to address all identified potential sources of contamination.		N/A
Submit a map (schematic) of all water system components (e.g., well, potable water lines, treatment, pressure tank, etc.), nearby sanitary sewers, septic systems, leach field, streams and other water bodies, and/or other potential sources of contamination.	Attach map with plan	N/A
Provide the well construction details:	Well Permit Number: _____ Facility ID: _____ Casing Depth: _____ Depth of Well: _____	N/A
Complete all corrective actions.	N/A	
Collect sampling as directed by the State.	N/A	

PWSID #:

Public Water System Name:

3b(i). Alternate Source – Drill a New Well (N/A)

(Note: the well must be constructed in accordance with N.J.A.C. 7:9D-2.3 in addition to the well permitting requirements in N.J.A.C. 7:9D-1 and well constructions standards in N.J.A.C. 7:9D-2.2.)

Alternate Source - Drill a New Well	Description and Supporting Information <i>If applicable</i>	Proposed completion date (MM/DD/YYYY)
Apply to the Bureau of Water Allocation and Well Permitting for permit approval to construct a new well.	N/A	
List the following proposed well construction details:	Casing Depth: Depth of Well:	N/A
Construct new well.	N/A	
Perform disinfection procedures in accordance with the American Water Works Association (AWWA) standards for disinfection of facilities ANSI/AWWAC654 and N.J.A.C. 7:10-11.6, 7, & 10 for CWS and N.J.A.C.7:10-12.11 for NCWS.		
Receive approval from the administrative authority to construct and operate the water system to the newly constructed well.	N/A	
Decommission or reclassification of all contaminated wells on the property after placing new well in service.	<i>Provide below whether the system will decommission and/or reclassify and disconnect from potable use, the source(s) and the corresponding well permit number(s).</i>	
Place new well in service.	N/A	

PWSID #:

Public Water System Name:

3b(ii). Alternate Source – Connect to Another Public Water Supply (N/A)

(Note: The system must decommission or reclassify and remove from the distribution system all potable wells.)

Alternate Source – Connect to Another Public Water Supply	Description and Supporting Information <i>If applicable</i>	Proposed completion date (MM/DD/YYYY)
Provide the public water system name and public water system ID (PWSID) number your system proposes to connect to.	Public Water System: PWSID:	N/A
Submit a request to the public water system to connect to their water supply.	N/A	
Obtain approval from the public water system to connect.	Provide a copy of the approval letter to the Compliance Assistance Section	
Connect to the public water supply.	N/A	
Decommission or reclassify and disconnect all current potable wells, treatment plants, and storage facilities on the property after the completion of the connection to the public water supply.	<i>Provide below whether the system will decommission and/or reclassify and disconnect from potable use, the source(s) and the corresponding well permit number(s).</i>	

3c. Install 4-log Treatment of Viruses (N/A)

Install 4-log treatment of viruses	Description or Supporting Information <i>If applicable</i>	Proposed completion date (MM/DD/YYYY)
Identify the type of 4-log disinfection treatment your water system will install. <i>If choosing ultraviolet treatment, identify which State-approved unit.</i>		N/A
Provide the well construction details:	Well Permit Number: Facility ID: Casing Depth: Depth of Well:	N/A
Submit permit application to the Bureau of Water System Engineering (BWSE) to construct and operate treatment.	N/A	
Install and operate 4-log treatment of viruses upon receipt of BWSE construction permit approval.	N/A	
Begin collecting required routine compliance sample(s) in accordance with your system’s monitoring and reporting schedule to demonstrate treatment is effective.	N/A	

PWSID #:

Public Water System Name:

4. Ground Water Under Direct Influence of Surface Water (GUDI)

If the well is vulnerable to surface water influence by meeting the criteria established under N.J.A.C. 7:10-9.3 and the proposed corrective action is to provide treatment that reliably achieves 4-log inactivation treatment of viruses or to eliminate the source of contamination, the water system may be required to conduct an evaluation to determine if the well is under the direct influence of surface water (GUDI), pursuant to N.J.A.C. 7:10-9.4.

If the well is located less than 200 feet horizontally from any surface water body that holds or carries water continuously for at least 60 calendar days in any year, including, but not limited to, a stream, river, brook, lake, reservoir, impoundment, pond or creek, the water system will be required to conduct an evaluation to determine if the well is GUDI, pursuant to N.J.A.C. 7:10-9.4.

5. Certification

The Groundwater Rule Corrective Action Plan must be completed, reviewed, and signed by the Water System Owner/Executive Director and Licensed Operator of record where applicable.

PWISD Number:	Public Water System Name:
Completed by (print name):	
Original Signature:	Date:
Water System Owner/Executive Director (print name):	
Original Signature	Date:
Licensed Operator <i>if applicable</i> (print name):	
Original Signature	Date:

PWSID #:

Public Water System Name: