

**Request for DEP Guidance
on Public Water System Monitoring due to an Emergency**



This form is to be completed only by public water systems that are notifying the DEP of a sampling modification due to the inability to collect, analyze and/or report the required number of compliance samples as a result of an emergency beyond the alternatives and extensions provided through DEP issued memorandums and guidance. Public water systems are not required to fill out this form if they are using alternate sampling locations in accordance with DEP's Best Management Practices During Emergency Conditions available at <https://www.state.nj.us/dep/watersupply/emergency.html>.

The water system or licensed operator of record must complete this form in its entirety and submit to watersupply@dep.nj.gov with "Request for DEP Guidance on Monitoring" in the subject line. Only completed forms submitted by the water system or the licensed operator of record will be reviewed.

Section I. Water System Information

Water System Name: _____

PWSID Number: _____

Name of Licensed Operator of Record: _____

Licensed Operator Classification (W or T) & License Number: _____

Person completing the form and title: _____

Person's phone number: _____

Person's email: _____

Date: _____

Date of any previous request: _____ Was a decision issued by DEP? Yes No

Does the water system have the ability to use personal protective equipment (PPE) to collect the sample?

Section II. Operational Challenges

Date the licensed operator of record was last on site and for how long? _____

Were there issues identified during his/her site visit? Yes No

If Yes, describe: _____

Has the system owner denied access in writing to the licensed operator of record? Yes No

Is the water system currently experiencing operational, maintenance or staffing issues? Yes No

If Yes, describe: _____

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Section III. Inability to Collect the Required Number of Samples or Samples Representative of the Entire Distribution System

Complete Section III only for those parameters where the water system is unable to follow the currently approved plan/schedule, the DEP memorandums and guidance (including switching to alternate locations) and notifying DEP is required. For any Revised Total Coliform Rule (RTCR) related sampling, the most recent RTCR Sampling Plan and a map illustrating the sites sampled thus far must be submitted with the form.

Contaminant Category or Individual Parameter:						
Point of Entry (POE)	Distribution System (DS)	# of Samples Required	Monitoring Period	Monitoring Frequency	# Collected	Date(s) Collected
POE IDs:						
Documentation must be available upon request except if indicated below.						
Attempted to sample all approved sample locations in our plan	Attempted to use DEP alternate locations per guidance	Access denied to standard & alternate locations	Laboratory not available *Documentation must be provided*	Lack of staff to collect sample *Documentation must be provided*	System not in operation during the monitoring period	Other (Describe Below)

Other:

Contaminant Category or Individual Parameter:						
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Other:

***If additional parameters must be reported, submit additional copies of Page 3 and check the box below.**

_____ pages total

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Section IV. Additional Water System Information

Does the water system meet one or more of the criteria below? Yes No (If yes, check all that apply)

Criteria	Additional information that may be applicable (e.g. date)
A source or treatment process has come online since March 1, 2020.	
Water system is a wholesaler (sells water).	
Water system is a consecutive buyer.	
Water system is a healthcare facility or hospital serving a sensitive population.	
Non-community water system currently in operation (at least one individual is present in the building).	
Had a water quality parameter (WQP) violation in the past 2 monitoring periods (January-June 2019 and/or July-December 2019).	
Had a nitrate maximum contaminant level violation in the past 12 months (April 1, 2019 to present).	
Had a confirmed E. coli or more than one total coliform positive within the past 12 months (April 1, 2019 to present).	
Had a deficient Level 2 Assessment within the past 12 months.	
Community water system without disinfection and serves 100 or less service connections.	
Community water system where the licensed operator of record is on site one time per week or less.	
Has an unresolved Failure to Maintain Treatment violation.	
Ground water system currently conducting assessment monitoring (1 source water sample per month) under the Ground Water Rule.	
Water system with existing overland lines.	
Ground water system with 4-log treatment that have failed to provide the monthly certification that the treatment is functioning properly.	

Section V. Certification

I, _____ am the individual certifying the above information listed is true, accurate and complete to the best of my knowledge and belief. **If submitting on behalf of the water system:** I am the Licensed Operator of Record and have discussed the above with the water system owner. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and or imprisonment.

Water System Owner or Licensed Operator of Record Name (Type): _____

Title or License # (if applicable): _____

Signature: _____ Date: _____