NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Division of Water Supply and Geoscience Bureau of Safe Drinking Water Mail Code 401-04Q – P.O. Box 420 Trenton, New Jersey 08625-0420 Tel# 609-292-2957- Fax # 609-633-1495 [watersupply@dep.nj.gov](mailto:watersupply@dep.nj.gov)

**Reduction Request Form**

**Submit to** [**watersupply@dep.nj.gov**](mailto:watersupply@dep.nj.gov) **and reference your PWSID, the form number, and analyte or analyte group in the subject.**

|  |  |  |
| --- | --- | --- |
| PWSID #: | Facility ID: | Population: |
| Analyte and/or Analyte Group\*:  \*Only one analyte or analyte group per form. | | |

**Note: This form is only to be used for analytes collected at the “Point of Entry”**

|  |
| --- |
| **If your monitoring schedule is quarterly:** |
| List the four previous quarterly sample dates:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| **If your monitoring schedule is annual:** |
| List the three previous annual sample dates:    \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**For State Use Only:**

Trigger Level: \_\_\_\_\_\_\_\_\_\_ Date Trigger Exceeded: \_\_\_\_\_\_\_\_\_\_ R/C Value: \_\_\_\_\_\_\_\_\_\_

Approved or Denied: \_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_