**GROUND WATER RULE TRIGGERED SAMPLING**

**WELL OUT OF SERVICE**

**This form must be received by the Bureau of Safe Drinking Water**

**WITHIN 10 DAYS OF THE TRIGGERING EVENT**

To remain in compliance with Ground Water Rule (GWR) triggered source water monitoring and reporting requirements, this form must be completed for **all** permanent wells that were out of service for greater than seven days prior to a total coliform positive (TC+) distribution sample result. Failure to submit a completed form in its entirety and in a timely manner will result in a Monitoring & Reporting Violation.

This form is only to be used for GWR triggered sampling. If you are reporting a well out of service for GWR Assessment Monitoring, please use the [Facility Out of Service Form](https://www.state.nj.us/dep/watersupply/doc/foosform.docx) (DEP\_10-S\_00013.2).

The supplier of water must submit this form to [**watersupply@dep.nj.gov**](mailto:watersupply@dep.nj.gov) ***The subject heading of the email must contain “Well Offline Form – PWSID NJ#######”***

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| --- | --- |
| **PWSID:**  **(for example, NJ1234567)** | **System Name:** |
| **Well ID:**  **(for example, WL001234)** | **Well Name:** |
| **TC+ sample collection date:**  **Date TC+ sample reported:** |  |
| **Compliance Period MONTH or QUARTER/YEAR:** |  |
| **Offline Begin Date:** |  |
| **Anticipated Return to Service Date:**  (Note – a new form is required after each TC+) |  |
| Reason the well was offline: | |
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| **I certify that I am the supplier of water (*Licensed Operator of Record or Water System Owner*) and the information contained herein is true, accurate and complete to the best of my knowledge.** | |
| Completed by: *(please print name and title) Date:* | |