



FACILITY OUT OF SERVICE – WATER QUALITY PARAMETER BIWEEKLY MONITORING

This form must be completed in its entirety to remain in compliance with Water Quality Parameter Monitoring Requirements. The form must be completed for each individual treatment plant that is out of service for an entire biweekly the monitoring period(s); failure to do so will result in a Monitoring & Reporting Violation. Please submit this form to the Bureau of Safe Drinking Water via email at watersupply@dep.nj.gov *The subject heading of the email must contain "WQP-Facility Off Line Form – PWSID NJ#####"*

**This form must be received by the Bureau of Safe Drinking Water
WITHIN 10 DAYS OF THE END OF THE MONITORING PERIOD.**

| | |
|----------------------------------------|-----------------------------------------------------------------------------------------------------|
| PWSID: NJ9999999 | |
| System Name: My Water System | |
| Treatment Plant Facility ID/Name: | TP001001, My Treatment Plant |
| Monitoring Schedule Begin Date | 07/01/2017 |
| Compliance Period (<i>check one</i>) | <input type="checkbox"/> Jan through June <input checked="" type="checkbox"/> July through December |
| Compliance Period YEAR | 2017 |

List each individual biweekly monitoring period where the treatment plant was out of use completely for the entire biweekly monitoring period (biweekly monitoring period start & end dates are available by schedule start date at <http://www.nj.gov/dep/watersupply/dwc-lead-wqpm.html>)

| Monitoring Period Begin Date | Monitoring Period End Date | | Monitoring Period Begin Date | Monitoring Period End Date |
|------------------------------|----------------------------|--|------------------------------|----------------------------|
| <i>08/12/2017</i> | <i>08/25/2017</i> | | | |
| <i>08/26/2017</i> | <i>09/08/2017</i> | | | |
| <i>09/09/2017</i> | <i>09/22/2017</i> | | | |
| <i>12/02/2017</i> | <i>12/15/2017</i> | | | |
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I certify that I am the person authorized (*Licensed Operator or Water System Owner*) to fill out this form and the information contained herein is true, accurate and complete to the best of my knowledge and belief.

Completed by: (*please print name and title*) **Mr. John Smith, Water System Owner**

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|------------|-------|
| Signature: | Date: |
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