**FACILITY OUT OF SERVICE**

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

**within 10 days of THE END OF THE MONITORING PERIOD.**

To remain in compliance with water system specific monitoring requirements, this form must be completed in its entirety for **each** Treatment Plant Facility that is out of service for an entire monitoring period(s). **Annual resubmission is required if the facility continues to be out of service**. Monitoring & Reporting Violations will be incurred for failure to submit this form in a timely manner.

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

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| **PWSID:**  **(for example, NJ1234567)** | **System Name:** |
| **Facility ID:**  **(for example, TP001234)** | **Facility Name:** |
| **Offline Begin Date:** |  |
| **Anticipated Return to Service Date:**  (Note – a new form must be submitted annually) |  |
| **Compliance Period YEAR:** |  |
| **Compliance Period(s) *(check applicable)*** | ***1st Qrt (Jan-Mar)*  *2nd Qrt (Apr-Jun)***  ***3rd Qrt (Jul-Sept)*  *4th Qrt (Oct-Dec)*** |

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| List each analyte (for example, Nitrate) and/or analyte group (for example, Volatile Organic Compounds) specific to the Offline Treatment Plant Facility for which a monitoring suspension is being requested: |
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| Explain why the facility will be 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:* |