**FACILITY OUT OF SERVICE**

**This form must be completed in its entirety and 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** Facility that is a Point of Entry (POE)1 and will be 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 a completed form in a timely manner. If the system monitors for WQPs, a separate form, Form DEP\_10-S\_0049.2, must also be submitted.

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:**  **(e.g., NJ1234567)** |  | **System Name:** |  |
| **Facility ID:**  **(e.g., TP001234, WL001234)** |  | **Facility Name:** |  |
| **Check here if no water is being served to the distribution system (DS).** | | | |
| **Offline Begin Date:** | | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** (Must be in format mm/dd/yyyy) | |
| **Anticipated Return to Service Date:** | | **\_\_ \_\_ / \_\_ \_\_ / \_\_ \_\_ \_\_ \_\_** (Must be in format mm/dd/yyyy) | |
| Note: 1. This field must be completed. 2. 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 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)* | |  | | |
| **Signature:** |  | | **Date:** |  |