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| **1. General Water System Information** |

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| System Name:  | PWSID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| System Type: Ground Water  |
| Number of Service Connections:  | Total Population Served: |

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| List of Sources (wells) |
| Facility ID (WL) | Name |
|  |  |
|  |  |
|  |  |

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| List of Treatment Facilities  [ ]  Check here if no treatment  |
| Facility ID (TP) | Name | Disinfection Treatment Used | Other Treatment Processes |
|  |  | [ ]  Ultraviolet [ ]  Chlorine [ ]  Ozone [ ]  Chloramination [ ]  Chlorine Dioxide [ ]  None |  |
|  |  | [ ]  Ultraviolet [ ]  Chlorine [ ]  Ozone [ ]  Chloramination [ ]  Chlorine Dioxide [ ]  None |  |
|  |  | [ ]  Ultraviolet [ ]  Chlorine [ ]  Ozone [ ]  Chloramination [ ]  Chlorine Dioxide [ ]  None |  |

Are any of the disinfection units certified for 4-log treatment of viruses under the Ground Water Rule?

[ ]  Yes [ ]  No If yes, identify which treatment facilities (TP#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| List of Water Tanks |
| Name | Type | Water Type Stored | Volume |
|  | [ ]  Pneumatic [ ]  Elevated [ ]  Underground [ ]  Standpipe | [ ]  Finished [ ]  Raw  |  |
|  | [ ]  Pneumatic [ ]  Elevated [ ]  Underground [ ]  Standpipe | [ ]  Finished [ ]  Raw  |  |
|  | [ ]  Pneumatic [ ]  Elevated [ ]  Underground [ ]  Standpipe | [ ]  Finished [ ]  Raw  |  |

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| **2. Routine Samples:** Minimum Required is 1 routine sample per quarter |

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| Is your system opting to collect more than the minimum required number of routine samples per quarter? [ ]  Yes [ ]  No |
| If yes, how many routine samples will be collected per quarter? \_\_\_\_\_\_\_\_\_ |

Note: Systems required to monitor quarterly are required to collect a minimum of three routine samples the month following a total coliform positive result [40 CFR 141.853(j)].

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| **3. Sampling Sites and Sampling Schedule** |

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| --- | --- | --- | --- | --- |
| **Routine Sample Site** | **Zone Area** | **Justification** | **Sampling Schedule** | **Repeat Sample Sites** |
|  |  |  |  | 1. Original: |
| 2. Upstream:  |
| 3. Downstream:  |
|  |  |  |  | 1. Original: |
| 2. Upstream: |
| 3. Downstream: |
|  |  |  |  | 1. Original: |
| 2. Upstream: |
| 3. Downstream: |

*If the routine sample site is only to be utilized the month following a total coliform positive result then state the following in the sampling schedule box: “during month following TC+” .*

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| **Increased Monitoring** Required upon Level 2 assessment trigger, treatment technique violation, 2 coliform monitoring violations within past 12 months, or one coliform monitoring violation and one level 1 assessment trigger within past 12 months |
| Identify which routine sample site(s) listed above will be used for increased monitoring: |

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| Increased Sampling Schedule |
| Jan | Feb | Mar | Apr | May | Jun | Jul | Aug | Sep | Oct | Nov | Dec |
|  |  |  |  |  |  |  |  |  |  |  |  |

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| **4. Triggered Source Water Monitoring** [ ]  Check here if system has certified 4-log treatment of viruses for all wells |

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| --- | --- |
| Source Tap Location (Facility ID: WL) | Sample Site Description |
|  |  |
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| **5. Elective Source Water Monitoring** [ ]  Check here if system does not conduct elective source water monitoring |

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| --- | --- |
| Source Tap Location (Facility ID: WL) | Sampling Schedule |
|  |  |
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| **6. Sample Collection** |

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| Who collects the total coliform samples: [ ]  Water System Personnel [ ]  Certified Laboratory |

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| Name of primary sample collector or certified laboratory: |
| Title (only applicable if water system personnel checked above):  |
| Phone:  | Email: |

**If water system personnel box is checked above complete the rest of this section; if certified laboratory is checked above skip to #7.**

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| Name of secondary sample collector: |
| Title:  |
| Phone:  | Email: |

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| Sample Container Prep and Transport Procedures |
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| Sample Collection Procedures |
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| Disinfectant Residual Testing Procedures[ ]  Check here if system does not utilize a chemical disinfectant |
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| **7. Action Plans**  |

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| Routine Total Coliform Positive |
| * If also E. coli positive notify the NJDEP within 24 hours.
 |
| * Contact your sample collector and/or certified laboratory to ensure:
	+ Repeat sample collection within 24 hours.
	+ Triggered Source Water sample collection within 24 hours (not applicable to sources treated with certified 4-log treatment of viruses).
		- One triggered source water sample is required for each routine total coliform positive result from each well that was in operation within one week prior to the routine sample collection date.
	+ Three routine samples are collected the following month.
 |

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| Repeat Total Coliform Positive |
| * Notify the NJDEP:
	+ Within 24 hours of an E.coli MCL violation
	+ Within 48 hours of a treatment technique trigger
 |
| * Conduct Tier 1 public notification (Do Not Drink/Boil Water Advisory) for any E.coli MCL violation within 24 hours
	+ Submit public notification and certification form to NJDEP within 10 days of distribution
 |
| * Conduct and submit to the NJDEP a Level Assessment within 30 days
	+ Contact NJDEP to confirm whether Level 1 or 2 Assessment is required
		- For Level 2 Assessments, contact a licensed well driller, licensed operator (must have equal or higher license than system classification), and/or professional engineer to complete the assessment.
 |
| * Implement corrective actions based on findings of Level Assessment
	+ Consult with NJDEP if Level 2 was conducted and no deficiencies/sources of contamination were identified prior to implementing corrective actions.
 |

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| Triggered Source Water Sample E.coli Positive[ ]  Check here if system has 4-log certified treatment of viruses for all ground water sources |
| * Notify the NJDEP within 24 hours
 |
| * Conduct Tier 1 public notification (Do Not Drink/Boil Water Advisory) within 24 hours
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Contact your sample collector and/or certified laboratory to ensure:
	+ 5 additional source water samples are collected within 24 hours from each source that had an E.coli positive result
		- If the 5 additional source water samples are not collected, corrective actions under the Ground Water Rule will be required.
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| Additional Source Water Sample E.coli Positive[ ]  Check here if system has 4-log certified treatment of viruses for all ground water sources |
| * Notify the NJDEP within 24 hours
 |
| * Update Tier 1 public notification (Do Not Drink/Boil Water Advisory) within 24 hours
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Hire a licensed professional to investigate the source components and submit a written corrective action plan within 30 days
	+ At a minimum, include in the corrective action plan:
		- Summary of findings of investigation of all source components (including if no deficiencies were identified for some/all source components)
		- Proposed corrective actions
		- Timeframes to complete proposed corrective actions, including significant milestones (i.e. obtaining permits/approvals)
 |
| * Complete approved corrective actions within 120 days from becoming aware of the E.coli positive result
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| Treatment Technique Violation (Failure to Complete Level Assessment and/or Corrective Action) |
| * Notify the NJDEP within 48 hours
 |
| * Conduct Tier 2 public notification within 30 days
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Conduct and submit to the NJDEP the required Level Assessment within 30 days
	+ contact NJDEP to confirm whether Level 1 or 2 Assessment is required
		- For Level 2 Assessments, contact a licensed well driller, licensed operator (must have equal or higher license than system classification), and/or professional engineer to complete the assessment.
 |
| * Implement corrective actions based on findings of Level Assessment
	+ Consult with NJDEP if Level 2 was conducted and no deficiencies/sources of contamination were identified prior to implementing corrective actions.
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| Monitoring Violation  |
| * Notify the NJDEP within 10 days
 |
| * Conduct Tier 3 public notification within one year
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Contact the sample collector and/or certified laboratory to ensure all required monitoring and analyses are conducted in subsequent monitoring periods
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| Elective Source Sample E.coli Positive [ ]  Check here if system does not conduct elective source water monitoring |
| * Notify the NJDEP within 24 hours and be sure to specify that notification is for elective source water sample
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| * Comply with any requirements set forth during consultation(s) with the NJDEP
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| **8. Additional Contact Information**  |

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| System Owner Contact Information |
| Name: |
| Phone: | Email: |

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| Licensed Operator Contact Information[ ]  Check here if transient system (no Licensed Operator required) |
| Name: | License (VSWS, T1, etc.):  |
| Phone: | Email: |

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| Certified Laboratory |
| Name: |
| Phone: | Email: |

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|  NJDEP |
| Bureau of Safe Drinking Water:  | Phone: 609-292-5550 | Fax: 609-292-1654 |
| Bureau of Water System Engineering:  | Phone: 609-292-2957 | Fax: 609-633-1495 |
| NJDEP Hotline: 877-WARN-DEP (for afterhours/weekends/holidays) |

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| --- |
|  County Health Department |
| Phone: | Fax: | Email: |

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| Licensed Well Driller |
| Name: | License: |
| Phone: | Email: |

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| Licensed Plumber |
| Name: | License: |
| Phone: | Email: |

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| Treatment Company |
| Name: |
| Phone: | Email: |

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| **9. Distribution Map** [ ]  Check here if distribution map attached |

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| Check all items listed below that are identified on the Distribution Map |
| [ ]  Routine Sampling Sites | [ ]  Treatment |
| [ ]  Repeat Sampling Sites | [ ]  Storage Tanks |
| [ ]  Water Distribution Lines | [ ]  Dead End Water Lines |
| [ ]  Wells | [ ]  Maximum Residence Time Sites/Areas |
| [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **10. Sampling Plan Author and Date**  |

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| DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Name: | Title: |
| Phone: | Email: |

*Use additional boxes for future updates/revisions*

|  |
| --- |
| DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Name: | Title: |
| Phone: | Email: |

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| DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Name: | Title: |
| Phone: | Email: |