**FACILITY OUT OF SERVICE**

**WATER QUALITY PARAMETER BIWEEKLY MONITORING**

**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.**

This form is for water quality parameter (WQP) monitoring only. The form must be completed for each individual treatment plant or consecutive connection that is out of service for an entire biweekly monitoring period(s). Each biweekly monitoring period must be outlined in the table below unless the facility is offline for the entire 6-month monitoring period. Failure to complete and submit this form will result in a Water Quality Parameter Monitoring & Reporting Violation. Submit this form to the Bureau of Safe Drinking Water via email at[**watersupply@dep.nj.gov**](mailto:watersupply@dep.nj.gov). **The subject heading of the email must contain “WQP-Facility Offline Form – PWSID NJ#######”.**

This form is only to report when WQP monitoring cannot be conducted at a point of entry (POE) due to it being out of service. To report other impacted analytes during the same monitoring period(s) use the [Facility Out of Service Form](https://www.state.nj.us/dep/watersupply/doc/foosform.docx) (DEP\_10-S\_00013.2).

|  |  |  |
| --- | --- | --- |
| **PWSID:**  **(e.g., NJ1234567)** | **System Name:** | |
| **Facility ID:**  **(e.g., TP001234 or CC001002)** | **Facility Name:** | |
| **Monitoring Period** *(check one)*: | January through June | July through December |
| **Monitoring Period YEAR**: | **202\_\_** | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List each individual biweekly monitoring period where the treatment plant was out of use 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>) (Must be in format mm/dd/yyyy) | | | | |
| If offline for the entire 6-month period check here:  If offline the entire 6-month period, check here if no water was served to the distribution system: | | | | |
| Monitoring Period Begin Date | **Monitoring Period End Date** |  | **Monitoring Period Begin Date** | **Monitoring Period End Date** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:** |  |