



New Jersey Department of Environmental Protection
 Bureau of Water System Engineering
 Mail Code 401-04Q
 P.O. Box #420
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 Trenton, New Jersey 08625
 Tel # 609-292-2957 – Fax #609-633-1495

Revised Total Coliform Rule (RTCR) Sampling Waiver Request Form¹

Pursuant to 40 CFR 141.854(j)

The State may waive the requirement for a public water system to collect 3 routine total coliform samples the month following a total coliform positive where the system is on quarterly monitoring only. If the waiver is approved the system does not have to sample for the requested month, but the 3 routine samples must still be collected the month following.

A system on monthly monitoring cannot request a waiver for their sampling and must collect their sample(s) before the end of each month.

Public Water System Name: _____ **PWSID#:** _____

Month and Year the system is requesting to waive (MM/YYYY): _____ / _____

Has a site visit been performed by the State or the County Health Department? Yes No
If yes, provide date and attach a copy of the site visit findings: _____

Level 1 or Level 2 Assessment Completion Date (if applicable): _____ N/A
Were any sanitary defects identified? Yes No

Is the system subject to the Ground Water Rule corrective action requirements? Yes No

Include corrective action(s) with milestones and a timeframe for completion for each²:

Milestone	Description	Expected Completion Date

¹ This form must be filled out in its entirety and must include all appropriate signatures. This form will only be accepted if submitted by the water system owner or licensed operator of record at least one week before the end of the month. Failure to do so will result in an automatic denial.

² The waiver will only be approved if the corrective actions will be completed prior to the end of the month in which the waiver is being requested.

Milestone	Description	Expected Completion Date

Provide any additional justification that may be necessary to support the waiver request including, but not limited to, why the corrective actions have not yet been completed:

If the waiver request is approved the system will be required to post a Tier 1 Public Notice (Boil Water/Do Not Drink) everywhere water is provided to the public (if not already posted) until sampling results show that the water quality is satisfactory. The system will comply with this requirement upon approval of the Revised Total Coliform Rule monitoring waiver. Yes No

If no, the waiver will not be approved by the Bureau.

System Owner: _____

Phone Number: _____ **Email:** _____

Mailing Address: _____

System Owner signature: _____

Licensed Operator (if applicable): _____

Phone Number: _____ **Email:** _____

Mailing Address: _____

Licensed Operator signature (if applicable): _____