

Reviewed by:

Date:

#### New Jersey Department of Environmental Protection

Division of Water Supply and Geoscience Bureau of Water System Engineering Mail Code 401-04Q - P.O. Box #420 401 East State Street Trenton, New Jersey 08625 Tel # 609-292-2957 – Fax #609-633-1495 watersupply@dep.nj.gov

# Source Water Treatment Recommendation Form<sup>1</sup>

#### Pursuant to 40 CFR 141.83(b)

This form is required to be submitted to the Bureau of Water System Engineering no later than 180 days after the end of the monitoring period during which the lead and/or copper action level was exceeded in accordance with 40 CFR 141.83(a)1.

#### **1. General Information**

 Public Water System Name:
 PWSID#: NJ\_\_\_\_\_\_

 System Type:
 Community Water System || 
 Non-Transient Non-Community Water System

 Water Sources (check all that may apply):
 Ground Water || 
 Surface Water || 
 GUDI

 Monitoring Period of Triggering ALE:
 Violation #:

# 2. Source Water Treatment Recommendation <sup>2</sup>

Treatment Plant ID# <sup>3</sup>	Lead POE Sample Result (mg/L)	Copper POE Sample Result (mg/L)	Sample Date (MM/DD/YYYY)	Treatment Recommendation (select from drop down menu)

<sup>&</sup>lt;sup>1</sup> Failure to complete this form in its entirety will result in the recommendation being returned with the possibility of issuance of a treatment technique violation.

<sup>&</sup>lt;sup>2</sup> The licensed operator (if the water system has one) is required to review, approve, and submit the source water treatment recommendation or the NJDEP will not review or approve the recommendation. In addition, all source water sampling results are required to be submitted and viewable on Drinking Water Watch, or the NJDEP will not review or approve the recommendation.
<sup>3</sup> If the number of treatment plants exceeds what can fit in the table, be sure to include the treatment plants that have recommended source water treatment on this table first and use the treatment justification box as overflow. Consult the Bureau of Water System Engineering for assistance.

## **<u>3. Treatment Justification</u>**

*Provide justification for the source water treatment recommendation(s) below. If no treatment has been recommended or deemed necessary, explain why.* 

### 4. Certification

This form must be signed by both the water system owner/executive director and (if applicable) the licensed operator of record.

Licensed Operator Signature 🗆 N/A	Date
Printed Name	Title
Email Address	Phone Number
Owner/Executive Director Signature	 Date
Printed Name	 Title
Email Address	Phone Number