



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

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

Sheet # of 2

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:

Copper Action Level Exceeded: Yes No 90th Percentile: N/A Sampling Date:

Lead Action Level Exceeded: Yes No 90th Percentile: N/A Sampling Date:

Source Water Treatment Recommendation3 No Recommendation

Treatment Plant ID#: Treatment Recommendation:

Treatment Plant ID#: Treatment Recommendation:

Treatment Plant ID#: Treatment Recommendation:

Justification for each treatment process:

Large empty rectangular box for justification text.

1 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.

2 If the water system has more than three (3) treatment plants that need a treatment recommendation, submit multiple forms and number them as such.

3 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. Only treatment plants that need treatment need to be listed in this section.

Sheet # _____ of _____⁴

Public Water System Name: _____ PWSID#: _____

Monitoring Period of Triggering ALE: _____

_____ <i>Licensed Operator Signature</i>	_____ <i>Date</i>
_____ <i>Printed Name</i>	_____ <i>Title</i>
_____ <i>Email Address</i>	_____ <i>Phone Number</i>
_____ <i>Owner/Executive Director Signature</i>	_____ <i>Date</i>
_____ <i>Printed Name</i>	_____ <i>Title</i>
_____ <i>Email Address</i>	_____ <i>Phone Number</i>

⁴ If the water system has more than three (3) treatment plants that need a treatment recommendation, submit multiple forms and number them as such.