Department of Environmental Protection – Division of Water Supply & Geoscience

Do Not Mail. Form MUST be submitted via Portal. Directions coming soon.

**Annual Certification Form for Public Water Systems**  
*Due December 31*

**Name of Public Water System:** ____________________________________________________________

**PWSID#:** __________________   **Licensed Operator(s) of Record: W#** ___________________________

**T#** ____________________________

In accordance with the Water Quality Accountability Act (P.L. 2017, c.133 (C.58:31-6)), annual certification with compliance of certain State and federal requirements is required by the following individual* from public water systems with >500 service connections:

- The Responsible Corporate Officer (for investor-owned systems),
- The Executive Director (for MUA's), or
- The Mayor or Chief Executive Officer (for municipally owned systems).

*Signing authority MAY NOT be delegated. For systems which do not have an organizational structure which provides the referenced title, the Department must first be contacted to confirm that the individual with the equivalent role may certify this form.

For each “Requirement” listed below, check “Yes” to certify that, as of October 1st, the PWS is in compliance with that “Requirement” or “No” to certify that the PWS is not in compliance with that “Requirement”. For each “Requirement” in which the PWS is not in compliance, explain the nature of the non-compliance and what efforts the PWS is making to return to compliance. Additional pages may be added if needed for explanations.

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Requirement</th>
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| ☐   | ☐  | Compliance with **Federal Safe Drinking Water Regulations**  
**(Title 40, Code of Federal Regulations (40 CFR)**

*If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.*  

| ☐   | ☐  | Compliance with **New Jersey Safe Drinking Water Regulations**  
**(N.J.A.C. 7:10)**

*If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.*

| ☐   | ☐  | Compliance with **Licensing of Water Supply and Wastewater Operators**  
**(N.J.S.A. 58:11-64 to 58:11-73 and N.J.A.C. 7:10A)**

*If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance.*
| Compliance with **Water Supply Allocation Permits**  
| (N.J.A.C. 7:19-6 and 7) |
| If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance. |

| Compliance with **Water Quality Accountability Act**  
| (N.J.S.A. 58:31-1 et seq.) |
| Section 3: Inspections, testing by water purveyor. (Valves and Hydrants)  
| Has every fire hydrant in the system been tested in the past year? |
| Have all the system-owned hydrants been labeled and GPS’d? |
| Are all valves ≥12” being inspected every two years? |
| Are all valves <12” being inspected every four years? |
| Have all of the valves been GPS’d? |
| Section 4: Development of cybersecurity system; exemptions  
| Do you have an internet-connected control system? |
| If yes, have you submitted your cybersecurity plan to NJCCIC? |
| Section 5: Violations; mitigation  
| Note: Unless you have otherwise been notified by the Department, this box should be checked “Yes”. |
| Section 7: Asset Management plan; report  
| Does your water system have an asset management plan? |
| Is your system’s asset management plan being implemented?  
| If no, explain the nature of the non-compliance and what efforts your water system is making, as well as a timeline, for an estimated return to compliance. |

I, ____________________________ am the individual required by the WQAA to certify that my system is in compliance in the period of time from October 1st __________ to September 30th __________.  
(Last year) (Current year)  

I have discussed the above materials with the Licensed Operator of record for my system. I certify under penalty of law that the information provided in this document is true, accurate, and complete. I am aware that there are significant civil and criminal penalties for submitting false, inaccurate, or incomplete information, including fines and or imprisonment.

______________________________  
Title  

______________________________  
Date  

______________________________  
Printed Name  

______________________________  
Signature