

New Jersey Department of Environmental Protection
Mail Code 401-04Q
Division of Water Supply & Geoscience
Water System Operations Element
401 East State Street - P.O. Box #420
Trenton, New Jersey 08625
Tel # 609-292-5550 – Fax #609-633-1495
http://www.nj.gov/dep/watersupply/

## CORRECTIVE ACTIONS COMPLETION CERTIFICATION

This form must be submitted to the Bureau of Safe Drinking Water within fourteen (14) days of completing all state approved corrective actions. The completed form can be sent by e-mail via: watersupply@dep.nj.gov.

PWSID#:	PWS Name:
Reason for submittal: (Check appropriate box)	
☐ RTCR ☐ Treatment Technique Violation	☐ Sanitary Survey Inspection/Site Visit
☐ MCL Exceedance ☐ Other:	
Corrective Actions Completion Date:/	
Corrective Actions & Description:	
Attach any supporting documentation (i.e. invoices, manuals, photographs, etc.) as applicable.	
I hereby certify that the Corrective Actions Completion items listed above have been completed as applicable and were completed in accordance with corresponding plans, specifications, other supporting information, and applicable state and federal regulations.	
Owner*: (Signature) (Print Na	me)
(Signature) (Print Na	me) (Phone Number)
Operator* (if applicable):	Date
Operator* (if applicable):(Signature)	(Print Name)

<sup>\*</sup>This form must be <u>submitted</u> by the water system owner or licensed operator of record.