



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 # 609-292-2957 – Fax #609-633-1495  
<http://www.nj.gov/dep/watersupply/>

## CORRECTIVE ACTIONS COMPLETION CERTIFICATION

*This form must be submitted to the Bureau of Water System Engineering within fourteen (14) days of completing all state approved corrective actions.*

<b>PWSID#:</b>	<b>PWS Name:</b>
Reason for submittal: (Check appropriate box)	
<input type="checkbox"/> RTCR	<input type="checkbox"/> Treatment Technique Violation
<input type="checkbox"/> MCL Exceedance	<input type="checkbox"/> Sanitary Survey Inspection/Site Visit
<input type="checkbox"/> 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\*:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Signature) (Print Name) (Phone Number)

**Operator\* (if applicable):** \_\_\_\_\_ **Date:** \_\_\_\_\_  
 (Signature) (Print Name) (Phone Number)

**\*This form must be submitted by the water system owner or licensed operator of record.**