NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION Division of Water Supply and Geoscience Bureau of Safe Drinking Water Mail Code 401-04Q – P.O. Box 420 Trenton, New Jersey 08625-0420 Tel# 609-292-2957- Fax # 609-633-1495 watersupply@dep.nj.gov

**Reduction Request Form**

**Submit to** **watersupply@dep.nj.gov** **and reference your PWSID, the form number, and analyte or analyte group in the subject.**

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| PWSID #: | Facility ID: | Population: |
| Analyte and/or Analyte Group\*:\*Only one analyte or analyte group per form. |

**Note: This form is only to be used for analytes collected at the “Point of Entry”**

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| **If your monitoring schedule is quarterly:**  |
|  List the four previous quarterly sample dates:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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| **If your monitoring schedule is annual:** |
|  List the three previous annual sample dates:   \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

**For State Use Only:**

 Trigger Level: \_\_\_\_\_\_\_\_\_\_ Date Trigger Exceeded: \_\_\_\_\_\_\_\_\_\_ R/C Value: \_\_\_\_\_\_\_\_\_\_

 Approved or Denied: \_\_\_\_\_\_\_\_\_\_\_ Initials: \_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_