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| **1. General Water System Information** |

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| --- | --- |
| System Name:  | PWSID: \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| System Type: [ ]  Ground Water [ ]  Ground Water Under Direct Influence of Surface Water (GUDI)  |
| Number of Service Connections:  | Total Population Served: |

|  |  |
| --- | --- |
| Season Start Date: | Season End Date: |

|  |
| --- |
| List of Sources (wells) |
| Facility ID (WL) | Name | Water Source Classification |
|  |  | [ ]  Ground Water [ ]  GUDI |
|  |  | [ ]  Ground Water [ ]  GUDI |
|  |  | [ ]  Ground Water [ ]  GUDI |

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| List of Treatment Facilities  [ ]  Check here if no treatment  |
| Facility ID (TP) | Name | Disinfection Treatment Used | Other Treatment Processes |
|  |  | [ ]  Ultraviolet [ ]  Chlorine [ ]  Ozone [ ]  Chloramination [ ]  Chlorine Dioxide [ ]  None |  |
|  |  | [ ]  Ultraviolet [ ]  Chlorine [ ]  Ozone [ ]  Chloramination [ ]  Chlorine Dioxide [ ]  None |  |
|  |  | [ ]  Ultraviolet [ ]  Chlorine [ ]  Ozone [ ]  Chloramination [ ]  Chlorine Dioxide [ ]  None |  |

Are any of the disinfection units certified for 4-log treatment of viruses under the Ground Water Rule?

[ ]  Yes [ ]  No

If yes, identify which treatment facilities (TP#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are any of the supply wells treated by a Surface Water Treatment Plant? [ ]  Yes [ ]  No

If yes, identify which treatment facilities (TP#): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| List of Water Tanks |
| Name | Type | Water Type Stored | Volume |
|  | [ ]  Pneumatic [ ]  Elevated [ ]  Underground [ ]  Standpipe | [ ]  Finished [ ]  Raw  |  |
|  | [ ]  Pneumatic [ ]  Elevated [ ]  Underground [ ]  Standpipe | [ ]  Finished [ ]  Raw  |  |
|  | [ ]  Pneumatic [ ]  Elevated [ ]  Underground [ ]  Standpipe | [ ]  Finished [ ]  Raw  |  |

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| **2. Routine Samples:**  |

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| Minimum # of Required Routine Samples per Month: \_\_\_\_\_\_ |

|  |
| --- |
| Is your system opting to collect more than the minimum required number of routine samples per month? [ ]  Yes [ ]  No |
| If yes, how many routine samples will be collected per month? \_\_\_\_\_\_\_\_\_ |

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| **3. Routine and Repeat Sampling Sites and Sampling Schedule** |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Routine Sample Site** | **Zone Area** | **Justification** | **Sampling Schedule** | **Repeat Sample Sites** |
|  |  |  |  | 1. Original: |
| 2. Upstream:  |
| 3. Downstream:  |
|  |  |  |  | 1. Original: |
| 2. Upstream: |
| 3. Downstream: |
|  |  |  |  | 1. Original: |
| 2. Upstream: |
| 3. Downstream: |

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| **5. Triggered Source Water Monitoring** [ ]  Check here if system has certified 4-log treatment of viruses for all wells |

|  |  |
| --- | --- |
| Source Tap Location (Facility ID: WL) | Sample Site Description |
|  |  |
|  |  |
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*Refer to the Ground Water Rule: Ground Water Source Water Tap Installation and Sampling for Public Water Systems document for proper source water tap locations and sample collection.*

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| **4. Seasonal Start-Up Sampling Site and Sampling Schedule** |

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| --- | --- | --- |
| **Start Up Sampling Site** | **Justification** | **Sampling Schedule** |
|  |  |  |

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| If the start-up sample is collected within the same month as the Season Start Date, will the Start-Up sample also be reported for routine compliance? [ ]  Yes [ ]  No |
| If yes above and the start-up/routine sample is total coliform/E.coli positive will the system elect to not submit the start-up sample for routine compliance? [ ]  Yes [ ]  No*A routine sample will still be required to be collected during the first month the system is in operation for the season* |

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| Description of Start Up Procedures (i.e. flushing, etc.) |

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| **6. Elective Source Water Monitoring** [ ]  Check here if system does not conduct elective source water monitoring |

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| --- | --- |
| Source Tap Location (Facility ID: WL) | Sampling Schedule |
|  |  |
|  |  |
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| **7. Sample Collection** |

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| Who collects the total coliform samples: [ ]  Water System Personnel [ ]  Certified Laboratory |

|  |
| --- |
| Name of primary sample collector or certified laboratory: |
| Title (only applicable if water system personnel checked above):  |
| Phone:  | Email: |

**If water system personnel box is checked above complete the rest of this section; if certified laboratory is checked above skip to #8.**

|  |
| --- |
| Name of secondary sample collector: |
| Title:  |
| Phone:  | Email: |

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| Sample Container Prep and Transport Procedures |
|   |

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| Sample Collection Procedures |
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| Disinfectant Residual Testing Procedures[ ]  Check here if system does not utilize a chemical disinfectant |
|   |

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| **8. Action Plans**  |

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| Routine and/or Start-Up Total Coliform Positive |
| * If also E. coli positive notify the NJDEP within 24 hours.
 |
| * Contact your sample collector and/or certified laboratory to ensure:
	+ Repeat sample collection within 24 hours.
	+ Triggered Source Water sample collection within 24 hours (not applicable to sources treated with certified 4-log treatment of viruses and/or surface water treatment plants).
		- One triggered source water sample is required for each routine total coliform positive result from each well that was in operation within one week prior to the routine sample collection date.
 |

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| Repeat Total Coliform Positive |
| * Notify the NJDEP:
	+ Within 24 hours of an E.coli MCL violation
	+ Within 48 hours of a treatment technique trigger
 |
| * Conduct Tier 1 public notification (Do Not Drink/Boil Water Advisory) for any E.coli MCL violation within 24 hours
	+ Submit public notification and certification form to NJDEP within 10 days of distribution
 |
| * Conduct and submit to the NJDEP a Level Assessment within 30 days
	+ Contact NJDEP to confirm whether Level 1 or 2 Assessment is required
		- For Level 2 Assessments, contact a licensed well driller, licensed operator (must have equal or higher license than system classification), and/or professional engineer to complete the assessment.
 |
| * Implement corrective actions based on findings of Level Assessment
	+ Consult with NJDEP if Level 2 was conducted and no deficiencies/sources of contamination were identified prior to implementing corrective actions.
 |

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| Triggered Source Water Sample E.coli Positive[ ]  Check here if all ground water source are treated with 4-log certified treatment of viruses and/or surface water treatment plants  |
| * Notify the NJDEP within 24 hours
 |
| * Conduct Tier 1 public notification (Do Not Drink/Boil Water Advisory) within 24 hours
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Contact your sample collector and/or certified laboratory to ensure:
	+ 5 additional source water samples are collected within 24 hours from each source that had an E.coli positive result
		- If the 5 additional source water samples are not collected, corrective actions under the Ground Water Rule will be required.
 |

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| Additional Source Water Sample E.coli Positive[ ]  Check here if all ground water source are treated with 4-log certified treatment of viruses and/or surface water treatment plants |
| * Notify the NJDEP within 24 hours
 |
| * Update Tier 1 public notification (Do Not Drink/Boil Water Advisory) within 24 hours
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Hire a licensed professional to investigate the source components and submit a written corrective action plan within 30 days
	+ At a minimum, include in the corrective action plan:
		- Summary of findings of investigation of all source components (including if no deficiencies were identified for some/all source components)
		- Proposed corrective actions
		- Timeframes to complete proposed corrective actions, including significant milestones (i.e. obtaining permits/approvals)
 |
| * Complete approved corrective actions within 120 days from becoming aware of the E.coli positive result
 |

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| Treatment Technique Violation(Failure to Complete Level Assessment, Corrective Action, and/or Collect Start-Up Sample) |
| * Notify the NJDEP within 48 hours
 |
| * Conduct Tier 2 public notification within 30 days
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Conduct and submit to the NJDEP the required Level Assessment within 30 days
	+ Contact NJDEP to confirm whether Level 1 or 2 Assessment is required
		- For Level 2 Assessments, contact a licensed well driller, licensed operator (must have equal or higher license than system classification), and/or professional engineer to complete the assessment.
 |
| * Implement corrective actions based on findings of Level Assessment
	+ Consult with NJDEP if Level 2 was conducted and no deficiencies/sources of contamination were identified prior to implementing corrective actions.
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| Monitoring Violation  |
| * Notify the NJDEP within 10 days
 |
| * Conduct Tier 3 public notification within one year
	+ Submit the public notification and certification form to NJDEP within 10 days of distribution
 |
| * Contact the sample collector and/or certified laboratory to ensure all required monitoring and analyses are conducted in subsequent monitoring periods
 |

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| Elective Source Sample E.coli Positive [ ]  Check here if system does not conduct elective source water monitoring |
| * Notify the NJDEP within 24 hours and be sure to specify that notification is for elective source water sample
 |
| * Comply with any requirements set forth during consultation(s) with the NJDEP
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| **9. Additional Contact Information**  |

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| System Owner Contact Information |
| Name: |
| Phone: | Email: |

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| Licensed Operator Contact Information[ ]  Check here if transient system (no Licensed Operator required) |
| Name: | License (VSWS, T1, etc.):  |
| Phone: | Email: |

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| --- |
| Certified Laboratory |
| Name: |
| Phone: | Email: |

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|  NJDEP |
| Bureau of Safe Drinking Water:  | Phone: 609-292-5550 | Fax: 609-292-1654 |
| Bureau of Water System Engineering:  | Phone: 609-292-2957 | Fax: 609-633-1495 |
| NJDEP Hotline: 877-WARN-DEP (for afterhours/weekends/holidays) |

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| --- |
|  County Health Department |
| Phone: | Fax: | Email: |

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| --- |
| Licensed Well Driller |
| Name: | License: |
| Phone: | Email: |

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| --- |
| Licensed Plumber |
| Name: | License: |
| Phone: | Email: |

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| --- |
| Treatment Company |
| Name: |
| Phone: | Email: |

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| **10. Distribution Map** [ ]  Check here if distribution map attached |

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| Check all items listed below that are identified on the Distribution Map |
| [ ]  Routine Sampling Sites | [ ]  Treatment |
| [ ]  Repeat Sampling Sites | [ ]  Storage Tanks |
| [ ]  Start-Up Sampling Site | [ ]  Dead End Water Lines |
| [ ]  Water Distribution Lines | [ ]  Maximum Residence Time Sites/Areas |
| [ ]  Wells | [ ]  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **11. Sampling Plan Author and Date**  |

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| --- |
| DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Name: | Title: |
| Phone: | Email: |

*Use additional boxes for future updates/revisions*

|  |
| --- |
| DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Name: | Title: |
| Phone: | Email: |

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| DATE: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_ \_\_\_ |
| Name: | Title: |
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