



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**RTCR Reduction Request Form**

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

PWSID #:	Facility ID:	Population:
Most Recent Date of Sampling:		

Water systems must complete either a voluntary Level 2 Assessment or a Sanitary Survey in order to qualify for reduced RTCR monitoring. Please select:

☐ Level 2 Assessment

or

☐ Sanitary Survey

Does this water system have 12 or more months of negative Total Coliform results?

☐ Yes☐ No

Does this water system have 12 or more months WITHOUT a monitoring and reporting violation?

☐ Yes☐ No

If either of these questions were answered with No, then the water system will not be eligible for reduced monitoring.

Documents related to either the voluntary level 2 assessment or the sanitary survey must be included as an attachment.

☐ I hereby certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that compliance samples used to support this reduction request were collected per the federal and state Safe Drinking Water Acts and during normal operation.

09/2024



Individual Completing Form Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Email: _____

☐ I hereby certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that compliance samples used to support this reduction request were collected per the federal and state Safe Drinking Water Acts and during normal operation.

Water System Owner/Executive Director Signature: _____ Date: _____

Printed Name: _____ Title: _____

Phone Number: _____ Email: _____

☐ I hereby certify under penalty of law that the information contained herein is true, accurate and complete to the best of my knowledge and belief. I certify that compliance samples used to support this reduction request were collected per the federal and state Safe Drinking Water Acts and during normal operation.

Licensed Operator of Record Signature: _____ Date: _____

Printed Name: _____ License Number: _____

Phone Number: _____ Email: _____

For State Use Only:

Sampling Frequency: _____ Approved or Denied: _____ Initials: _____ Date: _____